

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28021**

1. Entity Name
PARK AVENUE HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 6:11

Principal Place of Business
1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202-5009

Mailing Address
1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202-5009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6926501		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KREIS, ROBERT R. 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202-5009		Name Shields, David R. Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive Suite 1600 City Jacksonville FL Zip Code 32202	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE David R. Shields April 4, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$2,680,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	K68066 SOUTHCOAST CAPITAL MANAGEMENT CORP. 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202-5009	STREET ADDRESS CITY - ST - ZIP	BK 4/25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: David R. Shields, V-Pres 4/4/00 (904) 634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)