

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A28021**

1. Entity Name  
**PARK AVENUE HOLDINGS, LTD.**



**FILED**  
03 APR 29 PM 6:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-6926501**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIELDS, DAVID R**  
1 INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE FL 32202-5009

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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 # **K68066**  
NAME **SOUTHCOAST CAPITAL MANAGEMENT CORP**  
STREET ADDRESS **1 INDEPENDENT DRIVE, SUITE 1600**  
CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

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**700017324067**  
**04/29/03--01082--008 \*\*526.25**

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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: SIGNATURE REQUIRED *Michelle Mello 1-6-03*

Date: \_\_\_\_\_ Daytime Phone #: **904-634-8808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFR2E003 (10/02)

0006178 AT

STAPLE CHECK HERE