

# 2001 UNIFORM BUSINESS REPORT (UBR)

001878 AF

**DOCUMENT # A30764**  
 1. Entity Name  
**ARBOR VILLAGE LTD. OF TALLAHASSEE**

**FILED**  
**01 MAY -1 PM 5: 25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**2750 OLD ST. AUGUSTINE ROAD**      **2750 OLD ST. AUGUSTINE ROAD**  
**TALLAHASSEE FL 32301**      **TALLAHASSEE FL 32301**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

51  
 DO NOT WRITE IN THIS SPACE  
**MJH**  
 4. FEI Number      Applied For  
**63-1029313**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BOOTH, EDGAR**  
**1424 EAST PIEDMONT DRIVE, SUITE 201**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.      ~~\$760,000.00~~ - 0.00      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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P31581</b>
NAME	<b>ARBOR PROPERTIES, INC.</b>
STREET ADDRESS	<b>2750 OLD ST. AUGUSTINE RD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004215769--4</b>
CITY-ST-ZIP	<b>-05/14/01--01121--028</b>
STREET ADDRESS	<b>***133.75 ***141.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: William G. Thamel, Jr. President      **WILLIAM G. THAMEL, JR. C**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #  
**4/27/01 (850) 656-7667**

CR2E003 (11/00)