

2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # **A30764**

1. Entity Name

ARBOR VILLAGE LTD. OF TALLAHASSEE

FILED
02 APR 30 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2750 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32301

Mailing Address

2750 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

63-1029313

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

BOOTH, EDGAR
1424 EAST PIEDMONT DRIVE, SUITE 201
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **John C. Kenny, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
241 East 6th Ave
City **Tallahassee** FL Zip Code **32303**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

4/30/02
DATE

9. Capital Contributions as Shown on record. **\$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 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	STREET ADDRESS	CITY - ST - ZIP
P31581	ARBOR PROPERTIES, INC.	2750 OLD ST. AUGUSTINE RD.	TALLAHASSEE FL 32301		

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]* **WILLIAM G. THAMES, JR.** **4/30/02** **850-656-7667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)