

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000156

1. Entity Name
MAYFAIR ASSOCIATES, LTD.

FILED

02 MAY -1 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3020 HARLEY ROAD, SUITE 300
JACKSONVILLE FL 32257**

Mailing Address
**3020 HARLEY ROAD, SUITE 300
JACKSONVILLE FL 32257**



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
59-3165393

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

**FARRELL, MARK T
3020 HARLEY ROAD, SUITE 300
JACKSONVILLE FL 32257**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10,000.00**

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
P92000011453	VFA-MAYFAIR, INC.	3020 HARLEY ROAD, SUITE 300	JACKSONVILLE FL 32257

STREET ADDRESS	CITY-ST-ZIP
000005503850--9	05/10/02 01092--002
	****158.50 ****158.50

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: Mark T. Farrell April 19, 2002 (904) 260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)