

DOCUMENT #		A93000000867	
1. Entity Name			
MINTO TOWNGATE LIMITED PARTNERSHIP			
Principal Place of Business		Mailing Address	
4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK FL 33073		4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK FL 33073-3473	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
JOBLOVE, MICHAEL D 8211 WEST BROWARD BLVD. SUITE 310 FORT LAUDERDALE FL 33324			Name
			Street Address (if different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$10,250,310.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA TO QUALIFY FOR THIS FILING. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION			
DOCUMENT #	V55983	13.	
NAME	MINTO COMMUNITIES (PEMBROKE), INC.	STREET ADDRESS	
STREET ADDRESS	4400 WEST SAMPLE ROAD, SUITE 200	CITY - ST - ZIP	
CITY - ST - ZIP	COCONUT CREEK FL 33073-3450		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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 607.01(2)(b) of the Florida Statutes, and that my signature shall have the same legal effect as if I am the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: _____		MICHAEL GREEN MINTO COMMUNITIES (PEMBROKE), INC.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

DO NOT WRITE IN THIS SPACE

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Zip Code

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

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

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MICHAEL GREENBERG

# 410 T.O. Communities (Pembroke) In

         Dat

4/27/00

954-973-  
Daytime Phone #