

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001373

1. Entity Name
AVALON APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4660 OCEAN BLVD., #0-1 4660 OCEAN BLVD., #0-1
SARASOTA FL 34242 SARASOTA FL 34242-1365

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0486133** 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

JONES, JESSE W
4660 OCEAN BLVD., APT. 01
SARASOTA FL 34242-1365

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 _____

9. Capital Contributions as Shown on record. **\$1,060.00** 10. Amount of Capital Contributions in FLORIDA to date. **1060.00** 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 #	JONES, JESSE W 4660 OCEAN BLVD., APT 01 SARASOTA FL 34242-1365	STREET ADDRESS	200003288782--8 -06/14700--01065--005 ****141.25 ****141.25
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CITY - ST - ZIP		STREET ADDRESS	

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: Jesse W Jones **SIGNATURE REQUIRED** JESSE W JONES 4.28.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)