

2001 UNIFORM BUSINESS REPORT (UBR)

0014298 AF

DOCUMENT # **A93000001373**

1. Entity Name
AVALON APARTMENTS, LTD.

mf
FILED

01 FEB 19 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**4660 OCEAN BLVD., #0-1
SARASOTA FL 34242**

2. Principal Place of Business
11427 WATERFORD VILLAGE

3. Mailing Address
11427 WATERFORD VILLAGE

Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State
FORT MYERS FL

Zip
33913

Country
LEE

Zip
33913

Country
LEE

4. FEI Number
65-0486133

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JONES, JESSE W
4660 OCEAN BLVD., APT. 01
SARASOTA FL 34242-1365**

7. Name and Address of New Registered Agent

Name - **STEVE - MARION**

Street Address (P.O. Box Number is Not Acceptable)
11427 WATERFORD VILLAGE

City
FT. MYERS FL Zip Code
33913

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 *Steve Marion, Manager* DATE **2-1-01**

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

9. Capital Contributions as Shown on record. **\$1,060.00**

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	
DOCUMENT #	
NAME	JONES, JESSE W
STREET ADDRESS	4660 OCEAN BLVD., APT 01
CITY-ST-ZIP	SARASOTA FL 34242-1365
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *Steve Marion* DATE **2-1-01** DAYTIME PHONE # **(941) 332-3396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (11/00)