

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003514 SP

DOCUMENT # - **A93000001373**



FILED
03 SEP 12 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
AVALON APARTMENTS, LTD.

Principal Place of Business
**11427 WATERFORD VILLAGE
FORT MYERS FL 33913**

Mailing Address
**11427 WATERFORD VILLAGE
FORT MYERS FL 33913**



2. Principal Place of Business

3. Mailing Address

9/12

DUE BY SEPTEMBER 24, 2003

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

**MARION, STEVE
11427 WATERFORD VILLAGE
FORT MYERS FL 33913**

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. I am familiar with, and accept the obligations of registered agent.

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

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

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL 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
NAME	4660 OCEAN BLVD., APT 01
STREET ADDRESS	SARASOTA FL 34242-1365
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300023017593
CITY-ST-ZIP	09/12/03--01037--003 **1060.00
STREET ADDRESS	
CITY-ST-ZIP	
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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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-5-03 332 3838
Date Daytime Phone #

CR2E003 (4/03)