

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003514 SP

DOCUMENT # - A93000001373

1. Entity Name
AVALON APARTMENTS, LTD.



FILED

03 SEP 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

9/12

DUE BY SEPTEMBER 24, 2003

City & State

City & State

Zip Country

Zip Country

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

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

9-5-03 332 3838

Date Daytime Phone #

CR2E003 (4/03)