2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300001408 1. Entity Name					FILED		
VCP-GATE PARKWAY, LTD.					02 MAY - 1 PM 6: 47		
Principal Place of Purious				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3020 HARTLEY RD STE. 300 JACKSONVILLE FL 32257 Mailing Address 3020 HARTLEY RD STE. 300 JACKSONVILLE FL 32257					IMEEMINOGEE	+ L L OKIUA	
2. Principal Place of Business 3. Mailing Address							,
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
City & State City & State					4. FEI Number 59-321	8580	Applied For Not Applicable
Zip Country		Zip Country		itry	5. Certificate of Status Des	sired 🗀 \$8	3.75 Additional e Required
	6. Name and Address of Current I	Registered Agent.			7. Name and Address of h		
The state of the s				Name			
FARRELL, MARK T. 3020 HARTLEY ROAD (19)				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 300							
JACKSONVILLE FL 32257				City	FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registere	ad office or register	ed agent, or both, in the State	of Florida.	
SIGNATURE.					177.15.15 6 集發 開 #	N FALL MARGAN	AND STATE OF THE STATE OF
Signature, typed or printed name of registered agent and title if applicable.					[1] 例:4問答後漢[1] 由3	DATE	F ₃ * ,
as Shown on record. \$1,775,000-00 in FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
	A GENERAL PARTNER TI NOTE: General Partners MA	dAT IS A BUSINESS EN' Y NOT be changed on th	TITY M ne form	UST BE REGIST ; an amendmen	ERED AND ACTIVE WIT it must be filed to change	H THIS OFFICE. e a general partne	ar.
12.	2. GENERAL PARTNER INFORMATION			. ADDRESS CHANGES ONLY			
Document # Name	P93000087521 VCP-GATE PARKWAY, INC.		STRE	ET ADORESS	14 40 H	.	
STREET ADDRESS City-St-Zip	3020 HARTLEY RD., STE. 300 JACKSONVILLE FL 32257	1.3	CITY-SI		00000		
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CITY-ST-ZIP DOCUMENT #							
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CITY-ST-ZIP	\$1,775,0(0.00)			-ST-ZIP			
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muicaieu i	ertify that the information supplied with t on this report is true and accurate and the er or trustee empowered to execute this	nat mv sidnati ira snali nava tr	വരാണമ	lonal attent se it me	tion 119.07(3)(i), Florida Statu ade under oath; that I am a G	utes. I further certify t eneral Partner of the	hat the information limited partnership or

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

(904) 260-3030