

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000000469
 1. Entity Name
MCGEHEE REALTY OF MIAMI, LTD.

FILED
 01 APR 27 PM 3: 53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
3300 PHILLIPS HIGHWAY **3300 PHILLIPS HIGHWAY**
JACKSONVILLE FL 32207 **JACKSONVILLE FL 32207**

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

4. FEI Number Applied For
59-3365126 Not Applicable

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

6. Name and Address of Current Registered Agent
MCGEHEE, F. SUTTON JR.
3300 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$400,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **400,000.00** 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	
DOCUMENT #	340991
NAME	ASBURY REALTY COMPANY
STREET ADDRESS	3300 PHILLIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE FL 32207
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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	800004213798--6
CITY-ST-ZIP	-05/11/01--01154--020
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
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: *F. Sutton McGehee* 4/23/01 904.348-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)