

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001717

1. Entity Name

HARBOR TOWNE OF TITUSVILLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11 A. MAX BREWER PARKWAY TITUSVILLE FL 32796	Mailing Address 11 A. MAX BREWER PARKWAY TITUSVILLE FL 32796
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3392318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, HARRY A 11 A. MAX BREWER PARKWAY TITUSVILLE FL 32796
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. Capital Contributions as Shown on record. \$1,363,200.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
STREET ADDRESS	POE, EDWARD M
CITY - ST - ZIP	11 A. MAX BREWER PARKWAY TITUSVILLE FL 32796
DOCUMENT #	NAME
STREET ADDRESS	PARRISH, BETTY P
CITY - ST - ZIP	11 A MAX BREWER PARKWAY TITUSVILLE FL 32796
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	400003230294-1
CITY - ST - ZIP	-04/28/00--01114--016
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: <i>Edward M. Poe</i>	Date: 4-4-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

407-269-5862

CR2E003 (9/99)