

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000620 AT

DOCUMENT # A97000002541



FILED

03 MAR -3 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
TOWN SQUARE AT SAINT JOHNS LIMITED

Principal Place of Business
**10151 DEERWOOD PK. BLVD.
BLDG. 100, STE. 410
JACKSONVILLE FL 32256**

Mailing Address
**10151 DEERWOOD PK. BLVD.
BLDG. 100, STE. 410
JACKSONVILLE FL 32256**

2. Principal Place of Business
9995 Gate Parkway

3. Mailing Address
9995 Gate Parkway

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

DUE BY MAY 1, 2003

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-3480250**

Applied For
Not Applicable

Zip **32246** Country **USA**

Zip **32246** Country **USA**

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

**KOEGLER, STEVEN C
10151 DEERWOOD PK. BLVD.
BLDG. 100, STE. 410
JACKSONVILLE FL 32256**

Name
Koegler, Steven C.
Street Address (P.O. Box Number is Not Acceptable)
9995 Gate Parkway, Suite 400
City
Jacksonville FL Zip Code
32246

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. **\$5,300,000.00**

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 # **P97000099293**
NAME **AVENTURA/TOWN SQUARE, INC.**
STREET ADDRESS **10151 DEERWOOD PK. BLVD. BLDG. 100 STE. 410**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

STREET ADDRESS **9995 Gate Parkway, Suite 400**
CITY-ST-ZIP **Jacksonville, FL 32246**

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STREET ADDRESS **600013284956**
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STREET ADDRESS **M THOMAS**
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

2/19/03 (904) 996-8800

Date Daytime Phone #

CFR2E003 (10/02)

SAMPLE CHECK HERE