

2001, UNIFORM BUSINESS REPORT (UBR)

0008851 AF

DOCUMENT # A97000002872

1. Entity Name

TALAVERA ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

1000 CLINT MOORE ROAD, SUITE 110
BOCA RATON FL 33487

Mailing Address

1000 CLINT MOORE ROAD, SUITE 110
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0707655

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

SHEPARD, JONATHAN

5355 TOWN CENTER ROAD, SUITE 801

BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000001513
NAME KENCO COMMUNITIES AT ADDISON RESERVE, INC.
STREET ADDRESS 1000 CLINT MOORE ROAD, SUITE 110
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS
CITY-ST-ZIP
4000003852694--9
-03/14/01--01073--005
****300.00 ****150.00

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

JUDY MATTHEWS GRAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/01

Date

561-997-5760

Daytime Phone #

CR2E003 (11/00)

FILED
01 MAR 12 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE