

2002 UNIFORM BUSINESS REPORT (UBR)

000797 AT

DOCUMENT # A98000000247

1. Entity Name

BLANDING BLVD. (JACKSONVILLE) PIP, LTD.

FILED

02 JUN 10 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O AVANTI PROPERTIES GROUP, J.V.
431 E. HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

Mailing Address

C/O AVANTI PROPERTIES GROUP, J.V.
431 E. HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

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

59-3490439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Avanti Properties Group, JV
~~AVANTI PROPERTIES GROUP, J.V.~~
431 E. HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

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

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

DATE

9. Capital Contributions
as Shown on record.

\$4,624,000.00

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

DOCUMENT # G91226900034
NAME
STREET ADDRESS 431 EAST HORATIO AVENUE, SUITE 210
CITY-ST-ZIP MAITLAND FL 32751

DOCUMENT #
NAME *Avanti Properties Group, JV*
STREET ADDRESS *K/A Avanti Capital Associates*
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS G02163900074
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

CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Debra Sherman *Debra Sherman* 4/11/02 4076268488

CR2E003 (9/01)