## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A98000000357

SIGNATURE:



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PARK AV	ËNUE VILLAS, LTD.				ŞĒGRUJĀ TALLĀHAS	AT GE, STATE SEE, FLORID	A
Principal Place of Business 800 NORTH HIGHLAND AVE., SUITE 200 P.O. BOX 4961 ORLANDO, FL 32803 ORLANDO, FL 32802-49			4961	<u> </u>			
Principal Place of Business     3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE B	y MAY 1, 2003	
City & State		City & State		4. FEI Number 59-34955	586	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desir	ed 🗆 \$8	.75 Additional Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of N	w Registered Age	
B&C CORPORATE SERVICES OF CENT. FLA., INC.				Name			
390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)			
<u> </u>				City		FL	Zip Code
a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Styrallum, typed or prined name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$2,054,050.00  10. Amount of Capital Contributions in FLORIDA to date. #2,054,050.00  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 PARTNE P97000105907	RINFORMATION	13.	<del></del>	ADDRESS	CHANGES ONLY	
NAME	PARK AVENUE VILLAS, INC.			EET ADDRESS			10/03
STREET ADDRESS 800 NORTH HIGHLAND AVE., SUITE 200					<del></del>		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY	-S1-2IP			
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14. I hereby certify that the information supplied with this filling 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  By: Park K Avenue Virtuals, Inc.  4/1/43							