

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001743**

1. Entity Name

~~MILLENNIUM PARK LIMITED PARTNERSHIP~~  
MADISON PARK LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

Principal Place of Business  
C/O AMJ. INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE FL 32601

Mailing Address  
C/O AMJ. INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE FL 32601-4201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3654430

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WARREN, MICHAEL E  
C/O AMJ. INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE FL 32601

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$990.00**

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 # **526352**  
NAME **AMJ, INC. OF GAINESVILLE**  
STREET ADDRESS **502 NW 16TH AVENUE**  
CITY - ST - ZIP **GAINESVILLE FL 32601**

STREET ADDRESS  
CITY - ST - ZIP **400003327054--3**

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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: Michael E. Warren **1/28/00** **352-375-4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **AMJ Inc.** Date Daytime Phone #