

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001743

1. Entity Name

MADISON PARK LIMITED PARTNERSHIP

**FILED
May 18, 2001 8:00 A.
Secretary of State**

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3654430	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. **\$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

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STREET ADDRESS

CITY-ST-ZIP

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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, President, Gen Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/01
Date

352-375-4600
Daytime Phone #

CR2E003 (11/00)