

# 2002 UNIFORM BUSINESS REPORT (UBR)

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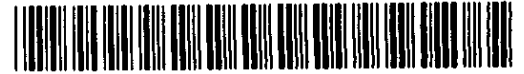
**DOCUMENT # A98000001743**

1. Entity Name  
**MADISON PARK LIMITED PARTNERSHIP**

**FILED**

**2002 APR 29 AM 10:33**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



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**

2. Principal Place of Business: \_\_\_\_\_  
3. Mailing Address: \_\_\_\_\_

Suite, Apt. #, etc.: \_\_\_\_\_

**DUE BY MAY 1, 2002**

City & State: \_\_\_\_\_

4. FEI Number: **59-3654430**  
Applied For:  Not Applicable

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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: **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	<b>526352</b>
NAME	<b>AMJ, INC. OF GAINESVILLE</b>
STREET ADDRESS	<b>502 NW 16TH AVENUE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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	<del>300005503533</del>
CITY-ST-ZIP	<del>-05/10/02--01076--017</del>
	<del>****141.25 ****141.25</del>
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]* **President** **4/10/02** **352-375-4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE