

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001930

1. Entity Name
TOWN CENTER SHOPPES, LTD.

Principal Place of Business
2400 EAST COMMERCIAL BLVD., SUITE 826
FORT LAUDERDALE FL 33308

Mailing Address
2400 EAST COMMERCIAL BLVD., SUITE 826
FORT LAUDERDALE FL 33308

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
620 COLLEGE AVE

3. Mailing Address
620 COLLEGE AVE

Suite, Apt. #, etc.

City & State
HAVERFORD, PA

City & State
HAVERFORD, PA

Zip
19041 Country
USA

Zip
19041 Country
USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number **22-3600652** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT W JR.,ESQ
2400 EAST COMMERCIAL BLVD., SUITE 826
FORT LAUDERDALE FL 33308

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 **7/10/01**

Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$500,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000069121 SHOPPES OF TOWN CENTER, INC. 620 COLLEGE AVENUE HAVERFORD PA 19041	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

0001085 AT

CR2E003 (5/01)

STAPLE CHECK HERE