

# 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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
620 COLLEGE AVE  
Suite, Apt. #, etc.

3. Mailing Address  
620 COLLEGE AVE  
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State  
HAVERFORD, PA

City & State  
HAVERFORD, PA

4. FEI Number 22-3600652

Applied For  
Not Applicable

Zip 19041 Country USA

Zip 19041 Country USA

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 *[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

DOCUMENT # P98000069121  
NAME SHOPPES OF TOWN CENTER, INC.  
STREET ADDRESS 620 COLLEGE AVENUE  
CITY-ST-ZIP HAVERFORD PA 19041

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

0001085 AI

CR2E003 (5/01)

STAPLE CHECK HERE