

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002660  
AF

DOCUMENT # **A98000002641**

1. Entity Name

**VILLAGE AT TOWN CENTER LIMITED PARTNERSHIP**

01 MAY -1 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |
|---|--|
| Principal Place of Business<br><b>C/O INVESTORS REALTY. LTD., INC.<br/>5728 MAJOR BLVD., SUITE 309<br/>ORLANDO FL 32819</b> | Mailing Address<br><b>C/O INVESTORS REALTY LTD., INC.<br/>5728 MAJOR BLVD., SUITE 309<br/>ORLANDO FL 32819</b> |
|---|--|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3519220</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |
|--|

|  |
|--|
| 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, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$1,350,100.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>1,350,100.00</b> | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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>F98000006485</b>                               |
| NAME                            | <b>BROWN VTC, INC.</b>                            |
| STREET ADDRESS                  | <b>225 EAST REDWOOD STREET</b>                    |
| CITY - ST - ZIP                 | <b>BALTIMORE MD 21202</b>                         |
| DOCUMENT #                      | <b>GP9800001039</b>                               |
| NAME                            | <b>VILLAGE PARTNERS, A FLORIDA GENERAL PARTN.</b> |
| STREET ADDRESS                  | <b>5728 MAJOR BLVD., SUITE 309</b>                |
| CITY - ST - ZIP                 | <b>ORLANDO FL 32819</b>                           |
| 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           |                              |
| CITY - ST - ZIP          |                              |
| STREET ADDRESS           | <b>6000004275026--9</b>      |
| CITY - ST - ZIP          | <b>-05/21/01--01194--006</b> |
| STREET ADDRESS           | <b>****535.00 ****535.00</b> |
| 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date **4/30/01** Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)