

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000002641**

1. Entity Name

VILLAGE AT TOWN CENTER LIMITED PARTNERSHIP

FILED

02 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O INVESTORS REALTY, LTD., INC.
5728 MAJOR BLVD., SUITE 309
ORLANDO FL 32819

Mailing Address

C/O INVESTORS REALTY, LTD., INC.
5728 MAJOR BLVD., SUITE 309
ORLANDO FL 32819



2. Principal Place of Business

200 VILLAGE BLVD

3. Mailing Address

C/O RESIDENCE MANAGEMENT, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209 TOWN CENTER BLVD

City & State

DAVENPORT, FL

City & State

DAVENPORT FL

DUE BY MAY 1, 2002

4. FEI Number

59-3519220

Applied For

Not Applicable

Zip

33896

Country

USA

Zip

33896

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

DATE

9. Capital Contributions as Shown on record.

\$1,350,100.00

10. Amount of Capital Contributions in FLORIDA to date.

1,350,100

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 #	F98000006485
NAME	BROWN VTC, INC.
STREET ADDRESS	225 EAST REDWOOD STREET
CITY-ST-ZIP	BALTIMORE MD 21202
DOCUMENT #	GP9800001039
NAME	VILLAGE PARTNERS, A FLORIDA GENERAL PARTN.
STREET ADDRESS	5728 MAJOR BLVD., SUITE 309
CITY-ST-ZIP	ORLANDO FL 32819
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	800005556418--3
CITY-ST-ZIP	-05/17/02--01023--019
	****535.00 ****535.00
STREET ADDRESS	209 TOWN CENTER BLVD
CITY-ST-ZIP	DAVENPORT, FL 33896
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)(l), 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

4/30/02 (863) 424-5536

Date

Daytime Phone #

CR2E003 (9/01)