2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # A98000002842

1. Entity Name
AFFORDABLE/TAYLOR CREEK, LTD.

Principal Place of Business	Mailing Address
405-F ATLANTIS ROAD	P.O. BOX 928
CAPE CANAVERAL FL	CAPE CANAVERAL FL
32920	32920

2. Principal Place of Business	3. Mailing Address
909 E. NEW HAVEN	
Suite, Apt. #, etc.: #224	Suite, Apt. #, etc.:
City & State: MELBOURNE FL	City & State:
Zip: 32924 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3597571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAKA CHRISTOPHER J
405-F ATLANTIS ROAD
CAPE CANAVERAL FL
32920 US

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 ______________________ 04/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 1,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000.00

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 #		STREET ADDRESS	909 E. NEW HAVEN
NAME	AFFORDABLE/TAYLOR CREEK, INC.		
STREET ADDRESS	405-F ATLANTIS ROAD	CITY-ST-ZIP	MELBOURNE FL 32924
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		
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CR2E003 (11/00)

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: Christopher J. Straka Pres 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #