

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002923**

1. Entity Name
VALENCIA COLLEGE SHOPPING CENTER, LTD.

FILED

00 JUN -2 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
851 SALED0 DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
851 SALED0 DRIVE
ALTAMONTE SPRINGS FL 32714-2226

2. Principal Place of Business
1335 E. Wekiva Trail
Suite, Apt. #, etc.

3. Mailing Address
1335 E. Wekiva Trail
Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Longwood, FL 3

4. FEI Number
59-3548596

Applied For
 Not Applicable.

Zip
32779

Country
U.S.A.

Zip
32779

Country
USA

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
HELEN H. SO
Street Address (P.O. Box Number is Not Acceptable)
1335 E. Wekiva Trail
City
Longwood **FL** Zip Code
32779

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 **4/18/00**

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

9. Capital Contributions as Shown on record. **\$870,000.00**

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 # P97000067299	NAME MARQUE DEVELOPMENT GROUP CORPORATION	STREET ADDRESS	
STREET ADDRESS 851 SALED0 DRIVE	CITY - ST - ZIP ALTAMONTE SPRINGS FL 32714	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	100003297511--1
DOCUMENT #	NAME	STREET ADDRESS	-06/20/00--01068--002
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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: DATE **4/18/00** DAYTIME PHONE # **407)718-4234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CPRE003 (9/99)