

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A99000000124**  
 1. Entity Name  
**THE PALMS AT MAYPORT, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 22 AM 11:04

Principal Place of Business  
 3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE FL 32207

Mailing Address  
 3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE FL 32207-3818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JCD PALMS AT MAYPORT, L.L.C.**  
 3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE FL 32207

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 \_\_\_\_\_ (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.

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 #	L99000000013
NAME	JCD PALMS AT MAYPORT, L.L.C.
STREET ADDRESS	3740 BEACH BLVD., SUITE 300
CITY - ST - ZIP	JACKSONVILLE FL 32207
DOCUMENT #	L99000000012
NAME	WCD PALMS AT MAYPORT, L.L.C.
STREET ADDRESS	3348 EDGEWATER DRIVE
CITY - ST - ZIP	ORLANDO FL 32804
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	<i>mf 3/1/00</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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]* **SIGNATURE REQUIRED** **2/10/00** (904) 398-7350  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)