

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015217 AT

DOCUMENT # A99000000131

1. Entity Name
VISTA GARDENS I, LTD.



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4100 CORPORATE SQUARE, SUITE 116
NAPLES FL 34104**

Mailing Address
**4100 CORPORATE SQUARE, SUITE 116
NAPLES FL 34104**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **59-3546997** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MAGOCS, JOHN T
4100 CORPORATE SQUARE, SUITE 116
NAPLES FL 34104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$170,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 #	P98000093285
NAME	J.T.M. MANAGEMENT, INC.
STREET ADDRESS	4100 CORPORATE SQUARE, #116
CITY-ST-ZIP	NAPLES FL 34104
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	100016958981
CITY-ST-ZIP	04/24/03-01049-022 **526.25
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)(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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03 **239-263-9568**
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)