

2002 UNIFORM BUSINESS REPORT (UBR)

0018963 AB

DOCUMENT # A99000000275
 1. Entity Name
VILLAGE AT PARK ROAD LIMITED PARTNERSHIP

FILED
02 MAY -1 AM 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
225 E REDWOOD ST
BALTIMORE MD 21202

Mailing Address
225 E REDWOOD ST
BALTIMORE MD 21202



2. Principal Place of Business
2120 VILLAGE PARK ROAD

3. Mailing Address
96 RESIDENCE MANAGEMENT, INC

Suite, Apt. #, etc.
PLANT CITY, FL

Suite, Apt. #, etc.
209 TOWN CENTER BLVD

City & State
PLANT CITY, FL

City & State
DAVENPORT, FL

DUE BY MAY 1, 2002

4. FEI Number
59-3556229

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
REILLY, ANDREW R
95 SOUTH 10TH ST
HAINES CITY FL 33845

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

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,200,200**

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 #	F99000000908
NAME	BROWN VPR, INC.
STREET ADDRESS	225 E REDWOOD ST
CITY-ST-ZIP	BALTIMORE MD 21202
DOCUMENT #	GP9800001039
NAME	VILLAGE PARTNERS, A FLORIDA GENERAL PART
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	
CITY-ST-ZIP	
STREET ADDRESS	209 TOWN CENTER BLVD
CITY-ST-ZIP	DAVENPORT, FL 33896
STREET ADDRESS	
CITY-ST-ZIP	300005556383--4 -05/17/02--01023--016
STREET ADDRESS	***535.00 ***535.00
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 REQUIRED** *[Signature]* **4/30/02 (863) 424-5536**

Date Daytime Phone #

CPR2E003 (9/01)