

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000658
1. Entity Name
 GAINESVILLE COMMERCE CENTER LIMITED PARTNERSHIP

FILED
May 18, 2001 8:00 A.
Secretary of State

Principal Place of Business **Mailing Address**
 C/O AMJ INC. OF GAINESVILLE C/O AMJ INC. OF GAINESVILLE
 502 NW 16TH AVENUE 502 NW 16TH AVENUE
 GAINESVILLE FL 32601 GAINESVILLE FL 32601

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Zip Country Zip Country

4. FEI Number 59-3574209 **APPLIED FOR**
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WARREN, MICHAEL E
 C/O AMJ INC. OF GAINESVILLE
 502 NW 16TH AVENUE
 GAINESVILLE FL 32601

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

9. Capital Contributions as Shown on record. \$990.00 **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 #	526352
NAME	AMJ INC. OF GAINESVILLE
STREET ADDRESS	502 N.W. 16TH AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32601
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	
CITY-ST-ZIP	
STREET ADDRESS	700004416407-0
CITY-ST-ZIP	-06/12/01--01073--016 ***141.25 ***141.25
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: *[Signature]* **Resident General Partner** Date: 5/27/01 Daytime Phone #: 352-375-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)