

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007309 AT

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



FILED

03 APR 18 PM 1:54

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2003

4. FEI Number **59-3574207**

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)
200016236002
04/18/03--01018--022 **141.25
 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. **\$990.00**

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 #	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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **3/21/03** **(352) 375-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)