

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A99000001006

1. Entity Name
TOWNE PLACE APARTMENTS - PHASE II, LTD.



Principal Place of Business
**3901 GARDEN PLAZA WAY
ORLANDO FL 32837**

Mailing Address
**1950 STONEGATE DR., STE. 250
BIRMINGHAM AL 35242**

FILED
03 APR 18 PM 1:51
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



2. Principal Place of Business

3. Mailing Address

3800 CORPORATE WOODS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 100

City & State

City & State

BIRMINGHAM, AL

Zip

Country

Zip

35242

Country
USA

4. FEI Number **59-3586497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

000016233620

04/18/03--01011--022 **1052.50

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

DATE

9. Capital Contributions
as Shown on record. **\$5,214,526.57**

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 # **M01000002754**
NAME **TOWNE PLACE, LLC**
STREET ADDRESS **1950 STONEGATE DR., STE. 250**
CITY-ST-ZIP **BIRMINGHAM AL 35242**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3800 CORPORATE WOODS DR., STE 100**
CITY-ST-ZIP **BIRMINGHAM, AL 35242**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/03
Date

Daytime Phone #

CR2E003 (10/02)

0019576 MB