

2002 UNIFORM BUSINESS REPORT (UBR)

0006114 AT

DOCUMENT # A99000001190

FILED

1. Entity Name

MILL ROAD APARTMENTS, LTD.

02 FEB 21 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RMJM

Principal Place of Business
1301 RIVERPLACE, SUITE 1830
JACKSONVILLE FL 32207-9047

Mailing Address
1301 RIVERPLACE, SUITE 1830
JACKSONVILLE FL 32207-9047



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3636115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACQUOT, J W
1301 RIVERPLACE, SUITE 1830
JACKSONVILLE FL 32207-9047

Name

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

~~000005044180-7~~

~~-03/05/02--01062--008~~

City

~~****535.0FL****535.00~~

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

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

DATE

9. Capital Contributions as Shown on record.

\$5,500,300.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # H08353
NAME THE DEVELOPMENT GROUP, INC.
STREET ADDRESS 1301 RIVERPLACE, SUITE 1830
CITY-ST-ZIP JACKSONVILLE FL 32207-9047

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/02

Date

904-399-1500

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE