## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000000563

FILED May 01, 2003 Secretary of State

Entity Name: SAINT JOHNS RIVER COMMUNITIES IN PARTNERSHIP, INC.

Current Principal Place of Business:				New Principal Place of Business:				
1400 REID ROOM #11		110						
PALATKA, I	FL 321//	US						
Current Mailing Address:				New Mailing Address:				
P.O. BOX 7 PLATKA, FI	27 _ 32178072	7 US						
FEI Number:	31-1520986	FEI Number Applied For()	FEI Num	ber Not Appl	icable ( )	Certifica	ate of Status Desir	ed (X)
Name and	Address of	Current Registered Agent:		Name and	Address of	f New Reg	jistered Agent:	
RYLES, ME 1400 REID ROOM #11 PALATKA, I	STREET	JS						
The above in the State		y submits this statement for the	purpose of	changing i	ts registered	d office or r	egistered agent	, or both,
SIGNATUR	E:							
	Electro	onic Signature of Registered Ac	gent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CEO ( RYES, MEVL 1400 REID S PALATKA, FL	TREET		Title: Name: Address: City-St-Zip:	CEO RYLES, ME\ 1400 REID S PALATKA, FI	TREET	( ) Addition	
Title: Name: Address: City-St-Zip:	FRAZIER, BE 2199 ASTER	( ) Delete EVERLY STREET, UNIT 305 RK, FL 32073		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D CHAPPEL, E 80 RAILROAI ESPANOLA,	O STREET		Title: Name: Address: City-St-Zip:	D CHAPPELL, 80 RAILROA ESPANOLA,	D STREET	( ) Addition	
Title: Name: Address: City-St-Zip:	BROOKS, RO	LEASANT DRIVE		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VC ASHLEY, MA RTE 6 BOX 1 PALATKA, FL	120		Title: Name: Address: City-St-Zip:		()Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEVLYN RYLES CEO 05/01/2003