

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 MAY 22 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000022

1. Entity Name

SHV LIMITED PARTNERSHIP, LLLP

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2913 Westside Boulevard

3. Mailing Address

2913 Westside Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

02-0543623

Applied For

Not Applicable

Zip

32209

Country

USA

Zip

32209

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Brant, Abraham, Reiter & McCormick, P.A.

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

50 North Laura Street

Suite 2750

City

Jacksonville

FL

Zip Code

32202

**DO NOT WRITE  
IN THIS SPACE**

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.

3,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

3,000,000.00

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 # L01000022610  
NAME SHV Management Enterprises, LLC  
STREET ADDRESS 2913 Westside Boulevard  
CITY-ST-ZIP Jacksonville, FL 32209

STREET ADDRESS

100005677851--6

CITY-ST-ZIP

06/04/02 01070 011

\*\*\*\*\*526.25 \*\*\*\*\*526.25

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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:

*Samuel H. Smith*

4/26/01

(904) 764-6541

CR2E003B (12/01)