2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT-# A19049 1. Entity Name SEGRETARY OF STATE FIRST COAST PROPERTIES LIMITED DIVISION OF CORPORATIONS 00 APR 28 PH 2: 28 Mailing Address Principal Place of Business 1826 WATERBURY LANE POST OFFICE BOX 953 ORANGE PARK FL 32067-0953 **ORANGE PARK FL 32073** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2488372 Not Applicable \$8.75 Additional Country Zip Country Zip. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDDY, PAUL F. Street Address (P.O. Box Number is Not Acceptable) 1826 WATERBURY LANE **ORANGE PARK FL 32073** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,306,262,95 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS EDDY, PAUL F. NAME **1826 WATERBURY LANE** STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP DOCUMENT# STREET ADDRESS EDDY, VIRGINIA NAME STREET ADDRESS **1826 WATERBURY LANE** CITY - ST - ZIP CITY-ST-ZIP-ORANGE PARK FL DOCUMENT # STREET ADDRESS NAME <u>900003242489--8</u> STREET ADDRESS -05/08/00--01080--009 CITY-ST-ZIP CITY-ST-ZIP ****535_00 ****535_00 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT# STREET ADDRESS NAME , STREET FOORESS 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

DVIRGINIA Eddy 4/26/00