

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27531

1. Entity Name

BLOOMINGDALE 301 LIMITED PARTNERSHIP

FILED
Mar 03 2000 8:00 am
Secretary of State

Principal Place of Business 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	Mailing Address 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602-5239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 98-0104104	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUMPHRIES, J. BOB FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$311,913.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	A27530 BLOOMINGDALE PROPERTY GENPART LIMITED PART 501 E. KENNEDY BLVD. TAMPA FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<i>ref 3/15/00</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	200003173312--2 -03/16/00--01088--026
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	****535.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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 REQUIRED** **2/29/00** **(813) 222-1173**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
J. Bob Humphries, Asst. Secretary

CR2E003 (9/99)