2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32897

1. Entity Name

ART MUSEUM ASSOCIATES, LTD.

FILED

01 SEP 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1706 ART MUSEUM DRIVE
ATTN: JACK BARNETTE
JACKSONVILLE FL 32207

Mailing Address
1706 ART MUSEUM DRIVE
ATTN: JACK BARNETTE
JACKSONVILLE FL 32207

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 59-3130312 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETTE, JACK
1706 ART MUSEUM DRIVE
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

City — 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) DATE

9. Capital Contributions as Shown on record. $600,000.00

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 #	P99000080386	STREET ADDRESS	
NAME	A.M. 99, INC.	CITY-ST-ZIP	200004610362--6
STREET ADDRESS	1706 ART MUSEUM DRIVE		-09/25/01--01055--024
CITY-ST-ZIP	JACKSONVILLE FL 32207		****400.00 ****400.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200004610362--6
STREET ADDRESS			-09/25/01--01055--025
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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: Jack Barnette / President Jack Barnette 8/27/01 904-396-9558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

SIGNATURE REQUIRED

STAPLE CHECK HERE

CR2E003 (5/01)

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