2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33124

1. Entity Name

BRANCH INVESTMENT PARTNERS, L.P., LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 6:07

Principal Place of Business	Mailing Address
3312 PIEDMONT RD., STE. 315 ATLANTA GA 30305	C/O JOHN C. YERGLER P.O. BOX 2809 ORLANDO FL 32802-2809

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 58-2017274 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202	Name: Jon Yergler Street Address (P.O. Box Number is Not Acceptable): c/o Lowndes Drosdick, ETAL 215 north Eola Dr. City: Orlando FL Zip Code: 32801

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 #	P39439	STREET ADDRESS	
NAME	BRANCH INVESTMENT GROUP, INC.	CITY-ST-ZIP	000003214010--5 -04/13/00--01017--003 ****141.25 ****141.25
STREET ADDRESS	400 COLONY SQ., #1600		
CITY-ST-ZIP	ATLANTA GA		
DOCUMENT #		STREET ADDRESS	
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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: SIGNATURE REQUIRED John W. Lowndes III — 3/8/2000 — 407-843-4600

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

CR2E003 (9/99)