2000 UNIFORM BUSINESS REPORT

DOCUMENT # A93000000518

1. Entity Name

D.F.B. HOLDINGS, LTD.

9/29/2000

FILED
00 OCT 24 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6304 BURNHAM ROAD NAPLES FL 33999	6304 BURNHAM ROAD NAPLES FL 33999

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 65-0426390 ☐ 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
PRICE, MARK J ESQ. ROETZEL & ANDRESS 850 PARK SHORE DR, TRIANON CENTRE, 3RD FL NAPLES FL 34103	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
$1,040,059.00	$990,000.00	

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 #	P93000035486	STREET ADDRESS	
NAME	QUAIL BAKER ENTERPRISES, INC.	CITY-ST-ZIP	500003457085--8 -11/08/00--01040--001 ******8.75 ******8.75
STREET ADDRESS	6304 BURNHAM ROAD		
CITY-ST-ZIP	NAPLES FL 33999		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500003457085--8 -11/08/00--01040--002 ***1026.25 ***1026.25
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STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 2000

Adm - 500.00 BPC CUS
AR 437.50
ARSVDD 87.75
CERT 8.75
$1,035.00

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 820, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 10/17/00 Date 941-597-8228 OR 610-424-1204 Daytime Phone #

DEXTER F. BAKER, General Partner (President)