2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001027

1. Entity Name

PHELAN FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12: 06

Principal Place of Business	Mailing Address
6001 PELICAN BAY BLVD., #704 NAPLES FL 33963	6001 PELICAN BAY BLVD., #704 NAPLES FL 34108-7116

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0623422 ☐ 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
PHELAN, EDMUND C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NAPLES FL 33940	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 Edmund L. Phelan 4-26-00

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. $1,700,000.00	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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	EDMUND L. PHELAN, AS TRUSTEE 6001 PELICAN BAY BLVD., #704 NAPLES FL 33963	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	MARGUERITE J. PHELAN, AS TRUSTEE 6001 PELICAN BAY BLVD., #704 NAPLES FL 33963	STREET ADDRESS / CITY-ST-ZIP	600003268636--6 -05/26/00--01079--013 ****526.25 ****526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

CR2E003 (9/99)

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 Edmund L. Phelan Edmund L. Phelan 4-26-00 941-591-3623

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