

2001 UNIFORM BUSINESS REPORT (UBR)

0011969 AF

DOCUMENT # A96000001222

1. Entity Name

BERKSHIRE PARTNERS (1996), LTD.

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308

Mailing Address

1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2019 Centre Pointe Blvd
Suite, Apt. #, etc.

3. Mailing Address

2019 Centre Pointe Blvd
Suite, Apt. #, etc.

Suite 101

Suite 101

Tallahassee, FL

Tallahassee, FL

4. FEI Number **59-3388029**

Applied For
Not Applicable

Zip
32308

Country
U.S.A.

Zip
32308

Country
U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOTTICE, H. JAY
1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
2019 Centre Pointe Blvd
Suite 101
City **FL** Zip Code **32308**

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. **\$360,000.00**

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 # **P96000054982**
NAME **BERKSHIRE (1996), INC.**
STREET ADDRESS **1834 HERMITAGE BLVD., SUITE 201**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

STREET ADDRESS **2019 Centre Pointe Blvd., Suite 101**
CITY-ST-ZIP **Tallahassee, FL 32308**

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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: H. Jay Mottice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-19-01 **386-2117**
Date Daytime Phone #

CR2E003 (11/00)