LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000134

1. Entity Name

MONCRIEF EQUITIES, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 SLEIMAN PARKWAY	1 SLEIMAN PARKWAY
Suite, Apt. #, etc.: SUITE 280	Suite, Apt. #, etc.: SUITE 280
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32216 Country: USA	Zip: 32216 Country: USA

DUE BY MAY 1

4. FEI Number: 59-3423547 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: M. MARK HEEKIN

Street Address (P.O. Box Number is Not Acceptable): 1 SLEIMAN PARKWAY

SUITE 280

City: JACKSONVILLE **FL** Zip Code: 32216

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: _____ APRIL 30, 2002

Signature, typed or printed name of registered agent and title if applicable — 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
$1,000.00		

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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000004028 MONCRIEF EQUITIES, INC. 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FLORIDA 32216	STREET ADDRESS CITY-ST-ZIP	100005555101--3 -05/16/02--01051--025 ****141.25 ****141.25
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STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ BERNARD E. SMITH VP, MONCRIEF EQUITIES, INC APRIL 30, 2002 904-731-8806

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