2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000868

1. Entity Name

WINGSPREAD PARTNERS OF PALM BEACH, LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 20 AM 9:47

3/27/00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11883 MAIDSTONE DRIVE WELLINGTON FL 33414	11883 MAIDSTONE DRIVE WELLINGTON FL 33414-7008

2. Principal Place of Business		3. Mailing Address	
		12026 NW Hwy 464B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: OCALA, FL	
Zip	Country	Zip: 34482	Country

4. FEI Number 65-0746544 ☐ 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
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH FL 33401	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 ____________________
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.	$20,000,000.00	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	P97000031880 WINGSPREAD OF PALM BEACH, INC. 11883 MAIDSTONE DRIVE WELLINGTON FL 33414	STREET ADDRESS CITY-ST-ZIP	
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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: SIGNATURE REQUIRED 3/15/00 561-795-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #