2000 UNIFORM BUSINESS REPORT (UBR) A97000002259 DOCUMENT # 1. Entity Name FILED AVANTI HYDE PARK, LTD. 00 JAN 18 AM 11: 24% Mailing Address SECRETARY OF STATE" Principal Place of Business TALLAHASSEE, FLORIDA 777 SOUTH HARBOUR ISLAND BLVD., SUITE 140 777 SOUTH HARBOUR ISLAND BLVD., SUITE 140 TAMPA FL 33602-5701 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3477177 Not Applicable Zip -\$8.75 Additional ~Country- ---5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIORDANO, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH HARBOUR ISLAND BLVD., SUITE 140 TAMPA FL 33602 City Zip Code Fl 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$400,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 400,000 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P97000089908 DOCUMENT # STREET ADDRESS AVANTI HYDE PARK OF TAMPA, INC. NAME 777 SOUTH HARBOUR ISLAND BLVD., SUITE 140 300003105323 STREET ADDRESS CITY-ST-ZIP -01/21/00--01026--020 **TAMPA FL 33602** CITY - ST - ZIP ****526.25 ****526.25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 ED NAME OF SIGNING GENERAL PARTNE