2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000560 1. Entity Name							Ell En		
BRISBEN FLORIDA I LIMITED PARTNERSHIP						-	SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address						7	100 MAY -1 PM 12: 06		
7800 EAST KE CINCINNATI O		800 EAST KEMPER ROAD INCINNATI OH 45249-1614				AA111 BB1E1 B1125 B1111 EB11 1EB1			
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE		
City & State			City & State		4. FEI Number	58-2376094	Applied For Not Applicable		
Żip	Country		Zip	Country		5. Certificate of Status Desired			
- · · · · · · · · · · · · · · · · · · ·	6. Name and Addre	ss of Current Re	egistered Agent		Name	7. Name and Address of New Registered Agent			
ATKINGOI	N WILSON C III								
ATKINSON, WILSON C III 1946 Tyler Street					Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	OOD FL 33020								
					City	FL Zip Code			
8. The above	named entity submits th	is statement for t	he purpose of changing its	register	ed office or regi	stered 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. \$6,665,298.00 In FLORIDA to date					butions		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTIT					UST BE REG	ISTERED AND AC	TIVE WITH THIS OFFICE	Ε.	
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION					ı; an amendır	ADDRESS CHANGES ONLY			
DOCUMENT# P98000016346					EET ADDRESS				
NAME STREET ADDRESS	1000 E TOT MEMILET MOTIO				/-ST-ZIP				
CITY - ST - ZIP DOCUMENT #	CINCINNATI OH 45249			-		91_	-(67)370001029009		
NAME STREET ADDRESS	e l				EET ADDRESS		****526.25 *****526.25		
CITY-ST-ZIP				CITY	'-ST-ZIP				
NAME	WE				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ZIP				/-ST-ZIP				
NAME				STR	EET ADDRESS				
STREET ADDRESS CITY+ST-ZIP				CITY	'-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STR	EET ADDRESS				
				СПУ	'-ST-ZIP				
NAME				STR	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP					/-ST-ZIP		<u> </u>	100 Marsh 1 - 2 - 5 - 11	
14.1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report is true and accurate and that my adjusture 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									