2001 UNIFORM BUSINESS REPORT (UBR)

0018354 AF

DOCUMENT # A98000000560

1. Entity Name

BRISBEN FLORIDA I LIMITED PARTNERSHIP

FILED

01 APR 30 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7800 EAST KEMPER ROAD CINCINNATI OH 45249	7800 EAST KEMPER ROAD CINCINNATI OH 45249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2376094 ☐ 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
ATKINSON, WILSON C III 1946 TYLER STREET HOLLYWOOD FL 33020	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. City Plantation FL Zip Code 33324

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 Carol Record Carol Record Assistant Secretary 4-27-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must sign where indicated for this change.) 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
$6,665,298.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000016346	STREET ADDRESS	
NAME	BRISBEN FLORIDA, INC.	CITY-ST-ZIP	600004195306--2 -05/11/01--01032--024 ****141.25 ****141.25
STREET ADDRESS	7800 EAST KEMPER ROAD		
CITY-ST-ZIP	CINCINNATI OH 45249		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600004195306--2 -05/11/01--01032--025 ****385.00 ****385.00
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/60)

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: By: Brisben Florida, Inc. — GP
X Robert R. Schuler, VP 4/24/01 (513)469-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #