2002	2 UNIF	Elevery	e distribution and the same of		The state of the s	·							
DOCUMENT # A9800001000 1. Entity Name							FILED						
MCCORMICK PROPERTIES, LTD.								02 FEB 27 PM 3: 00					
Principal Place of Business 318 SAN JUAN DRIVE PONTE VEDRA BEACH FL 32082			Mailing Address 318 SAN JUAN DRIVE PONTE VEDRA BEACH FL 32082					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address							ı						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2002					
City & State				City & State				4. FEI Number	59-3511662	·		Applied For Not Applicable	
Zip	Country			Zip Count		try		5. Certificate of Status Desired S8.75 Additional Fee Required				Additional	
6. Name and Address of Current Registered Agent								7. Name and A	ddress of New R	egistered A	gent		
TAYLOR, SUZANNE M 318 SAN JUAN DRIVE						Name Street Address (P.O. Box Number is Not Acceptable)							
PONTE VEDRA BEACH FL 32082													
						City FL Zip Code					ode		
8. The above	named entity	submits this statement for	the p	urpose of changing its re	 egistere	ed office or i	registere	ed agent, or both,	, in the State of Flo	orida.			
SIGNATURE.	Signature typed or	printed name of registered agent a	nd title if	anolicable						DATE			
9. Capital Contributions as Shown on record. \$11,000,000.00				10. Amount of Capital Contrib				······································	11. MAKE CHEC SEE REVER	K PAYABLE		OF STATE	
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									ADDRESS CHA	ANGES ONL	<u>-Y</u>		
DOCUMENT # NAME	P98000023467 JEAN H. MCCORMICK, INC.					ET ADDRESS							
STREET AODRESS CITY-ST-ZIP	TREET ADDRESS 318 SAN JUAN DRIVE					-ST-ZIP			" ,				
DOCUMENT # NAME					STRE	ET ADDRESS				าตรเ	141	952-	
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		-03/04/0201117015 ****526-25 ****526-25					
DOCUMENT # NAME					STRE	ET ADDRESS:		. . ÷					
STREET ADDRESS CITY-ST-ZIP	<u>.</u>				CITY	ST-ZIP							
NAME					STRE	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS	Ì				CITY	-ST-ZIP						1	

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: ___

CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP DOCUMENT*

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

STAPLE CHECK HERE

SEAN 24 MC COUNTIES
SEVENTIME AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

25. Febr. 2002

Daytime Phone #