2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001732

Entity Name

NOLAN'S LAND MANAGEMENT GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 12 AM 8:56

Principal Place of Business	Mailing Address
NW 33RD COURT BEACH FL 33064	1891 NW 33RD COURT POMPANO BEACH FL 33064-1314

DO NOT WRITE IN THIS SPACE MJH

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

4. FEI Number 65-0956102 ☐ 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
NOLAN, BONNIE 1891 NW 33RD COURT POMPANO BEACH FL 33064	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
$709,320.00	709320 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 #	P99000076848	STREET ADDRESS	
NAME	NOLAN'S LAND MANAGEMENT GROUP INC	CITY-ST-ZIP	
STREET ADDRESS	1891 NW 33RD COURT		
CITY-ST-ZIP	POMPANO BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	600003221735 -8 -04/24/00--01163--013 ***1605.00 ****535.00
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FF $535.00
STREET ADDRESS			
CITY-ST-ZIP			

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: BONNIE NOLAN BONNIE Nolan 4-4-00 954 971 4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)