2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam	NACNIT II						
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MILLS-KAN AM SAWGRASS PHASE 3 LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address					00 APR 24 AM 3: 05		
1300 WILSON BLVD. #400 (SAME) ARLINGTON, VA 22209							
2. Principal Place of Business 3. Mailing (SAME)		3. Mailing Address (SAME)	iling Address AME)		7		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number	i-1808497	Applied For Not Applicable
Zip	Country	Zip	Country	у	5. Certificate of Sta		\$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent			7. Name and Addr	ess of New Register	<u> </u>
CT	CORPORATION SYSTEM			Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA 33324				Street Address (P.O. Box Number is Not Acceptable)			
	,						-1
				City			L Zip Code
	a named entity submits this statemen	at for the numbers of changing			tored agent or both in t	he State of Florida.	
8. The above		it for the purpose of changing	its registered	office or regis	tered agent, or both, in t		
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8. The above	Signature, typed or printed name of registered a	gent and title if applicable (N	NOTE: Registered A	Agent signature requ	ired when reinstating)	DAT	and the state of the control of the state of
SIGNATURE .	Signature, typed or printed name of registered a portributions \$15,000,400	gent and title if applicable (N	NOTE: Registered A	Agent signature requ	ired when reinstating)	DAT	BLE TO DEPT. OF STATE
SIGNATURE	Signature, typed or printed name of registered a contributions on record. \$15,000,490	gent and title if applicable (N 10. Amount of Ca in FLORIDA to	NOTE: Registered A apital Contribu o date.	Agent signature required from \$1000, 4	90.00	DAI I. MAKE CHECK PAYA SEE REVERSE SIDE VE WITH THIS OFF	BLE TO DEPT, OF STATE FOR FEE INFORMATION ICE.
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