

2001 UNIFORM BUSINESS REPORT (UBR)

0018435 AF

DOCUMENT # A00000000129

1. Entity Name

HASTINGS STREET LIMITED PARTNERSHIP

Principal Place of Business

626 GULF SHORE BLVD., SOUTH
NAPLES FL 32301

Mailing Address

P.O. BOX 893
BLOOMFIELD HILLS MI 48303

FILED

01 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

38-3518110

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Janet Aronoff

Street Address (P.O. Box Number is Not Acceptable)

626 Gulf Shore Blvd., South

City

Naples

FI

Code

34102

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

Signature, typed or printed name of registered agent and title if applicable.

Registered Agent signature required when reinstating

DATE

9. Capital Contributions as Shown on record.

\$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P00000005325
NAME HASTINGS STREET, INC.
STREET ADDRESS 626 GULF SHORE BLVD., SOUTH
CITY-ST-ZIP NAPLES FL 32301

STREET ADDRESS

CITY-ST-ZIP

688884221306--0

STREET ADDRESS

-05/17/01 --01008--004

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANET ARONOFF 4/25/01

Date

Daytime Phone #

248-642-0190

CR2E003 (11/00)