

2001 UNIFORM BUSINESS REPORT (UBR)

0000365 AF

DOCUMENT # A00000000179

1. Entity Name

MONROE MANOR INVESTMENTS, LTD.

FILED

01 APR -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32201	Mailing Address P.O. BOX 4550 JACKSONVILLE FL 32201
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2. Principal Place of Business 701 Fisk Street	3. Mailing Address 701 Fisk Street
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Suite, Apt. #, etc. Suite 110	Suite, Apt. #, etc. Suite 110
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City & State Jacksonville, FL	City & State Jacksonville, FL
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4. FEI Number 59-3621458	Applied For Not Applicable
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Zip 32204	Country USA	Zip 32204	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YONG, FRANK J 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32201
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 Fisk Street Suite 110 City Jacksonville FL Zip Code 32204
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,400,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000007457 HINSON STONER, INC. 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32201	STREET ADDRESS CITY-ST-ZIP	701 Fisk Street, Suite 110 Jacksonville, FL 32204
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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: Linda Hinson 3/24/01 904-286-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)