

2001 UNIFORM BUSINESS REPORT (UBR)

000116 AF

DOCUMENT # A00000000376
1. Entity Name
 BEACON POINT AT THE HAMLET, LIMITED PARTNERSHIP

Principal Place of Business C/O WYMAN FIELDS FOUNDATION, INC. 207 MOSS ROAD NORTH, STE. 105 WINTER SPRINGS FL 32708	Mailing Address C/O WYMAN FIELDS FOUNDATION, INC. 207 MOSS ROAD NORTH, STE. 105 WINTER SPRINGS FL 32708
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FILED
 01 FEB 16 AM 9:34
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: 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. \$100.00

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

DOCUMENT #	N96000005625
NAME	WYMAN FIELDS FOUNDATION, INC.
STREET ADDRESS	207 MOSS ROAD NORTH, STE. 105
CITY-ST-ZIP	WINTER SPRINGS FL 32708
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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 ***150.00 ***150.00

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: 2-14-01 (407) 327-0408 Daytime Phone #

CR2E003 (11/00)