2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000000950 1. Entity Name				1		
DONAHUE INVESTMENTS, LTD.				FILE		
Principal Place of Business Mailing Address			01	APR 20	PN 12: 107	
C/O DONAHUE INVESTMENTS. INC. 3971 GULF SHORE BLVD., N., PH-201 NAPLES FL 34103		C/O DONAHUE INVESTMENTS, INC. 3971 GULF SHORE BLVD., N., PDEORETARY OF NAPLES FL 34103 TALLAHASSEE,		GRETARY O	FSTATE	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State Zip Country		·	4. FEI Number Applied For 65 – 1033490 Not Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and Address of New Registered Agent	
LAW, LESTER B ESQ. C/O MYERS KRAUSE & STEVENS, CHARTERED 5811 PELICAN BAY BLVD., SUITE 600 NAPLES FL 34108				NEUH Street Address C/O MYER 5811 PEL	NEUHARTH, GAIL K. ESO. Address (P.O. Box Number is Not Acceptable) MYERS KRAUSE & STEVENS, CHARTERED 1 PELICAN BAY BLVD., SUITE 600 NAPLES FL Zip Code 34108	
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. (NOTE: Registered Agent signature required when reinstating) DATE						
9. Capital Contributions as Shown on record. \$10,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$3,800,000,00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the form				IUST BE REGIS I; an amendme	RTERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION 13.					ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000056050 DONAHUE INVESTMENTS, INC. 3971 GULF SHORE BLVD., N., PH NAPLES FL 34103	-201		EET ADDRESS /-ST-ZIP	· '	
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DOCUMENT # NAME			STR	EET ADORESS		
STREET ADORESS CITY-ST-ZIP				Y-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 employeded to execute this report as readiled by Chapter 620, Florida Statutes						