2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

'02 APR -5 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015699 AT

DOCUMENT # A00000000980

1. Entity Name

MILLSTONE CONSTRUCTION SERVICES, LTD., LLLP

Principal Place of Business
2073 PORTER LAKE DRIVE. UNIT C
SARASOTA FL 34240

Mailing Address
2073 PORTER LAKE DRIVE. UNIT C
SARASOTA FL 34240

65-1023028

DUE BY MAY 1, 2002

2. Principal Place of Business		**3.** Mailing Address		4. FEI Number **APPLIED FOR**	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	**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
NAPOLITANO, JOHN E ESQ. 677 NORTH WASHINGTON BLVD. SARASOTA FL 34236	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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.	**$50,000,000.00**	**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 # NAME STREET ADDRESS CITY-ST-ZIP	L00000005505 ADMONT MANAGEMENT, LLC 2073 PORTER LAKE DRIVE, UNIT C SARASOTA FL 34240	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	800005134639--7 -03/19/02--01047--039 ****676.25--****526.25
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CR2E003 (10/9)

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 REQ Robert Montgomery_   3/13/02   (941) 312-6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #