

2001 UNIFORM BUSINESS REPORT (UBR)

001671 AF

DOCUMENT # A00000001208

1. Entity Name

ACQUIRE I, LLLP

Principal Place of Business

155 CRYSTAL BEACH DRIVE, SUITE 200
DESTIN FL 32541

Mailing Address

155 CRYSTAL BEACH DRIVE, SUITE 200
DESTIN FL 32541

FILED

01 APR 26 PM 3: 53

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3661356

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART TITLE GUARANTY COMPANY
3401 WEST CYPRESS STREET
ATTN: HAROLD HICKMAN
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name Acquire Corporation

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

155 Crystal Beach Drive Ste 200

City

Destin

FL

Zip Code

32541

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

4/24/01

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

10,000

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 # S08619
NAME ACQUIRE CORPORATION
STREET ADDRESS 155 CRYSTAL BEACH DRIVE, SUITE 200
CITY-ST-ZIP DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100004190911-3

-05/09/01--01078--003

****158.75 ****158.75

DOCUMENT #
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STREET ADDRESS
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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

Date

Daytime Phone #

4/26/07

GR2E003 (11/00)