LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JUN -3 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001313

1. Entity Name
WHITE EAGLE DEVELOPMENT, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
825 E CYPRESS ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS, FL	City & State
Zip: 34689 Country: USA	Zip Country

DUE BY MAY 1

4. FEI Number: 74-2970582 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: IHRIG, KENT

Street Address (P.O. Box Number is Not Acceptable): 100 N. TAMPA ST

City: TAMPA FL Zip Code: 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
775,000	775,000	

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 #	L00000010135
NAME	AM-POL DEVELOPMENT, LLC
STREET ADDRESS	936 CRENSHAW LAKE RD
CITY-ST-ZIP	LUTZ, FL 33558
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	800005723098--5 06/10/02--01073--007 ****437.50 ****437.50
STREET ADDRESS	800005723098--5 06/10/02--01073--002 *****87.75 *****87.75
CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ Date: Apr 29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #