2001 UNIFORM BUSINESS REPORT (UBR)

S100000 AF

DOCUMENT # A00000001436

1. Entity Name

NATIONAL TAVERN, LTD.

FILED
01 JUN 12 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
222 CLEMATIS STREET. SUITE 204 WEST PALM BEACH FL 33401	222 CLEMATIS STREET. SUITE 204 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 SOUTH ROSEMARY AVE	
Suite, Apt. #, etc.: SUITE 218	Suite, Apt. #, etc.
City & State: WPB, FL	City & State
Zip: 33401 Country: USA	Zip Country

4. FEI Number 65-1035367 ☐ Applied For ☐ Not Applicable

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
HERBST, TODD 222 CLEMATIS STREET, SUITE 204 WEST PALM BEACH FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
$700,000.00		

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 #	P98000004792	STREET ADDRESS	
NAME	NATIONAL CITYPLACE, CORP.	CITY-ST-ZIP	
STREET ADDRESS	222 CLEMATIS STREET, SUITE 204		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	700004423787--6
NAME			-06/18/01--01022--010
STREET ADDRESS		CITY-ST-ZIP	*****88.75 *****88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700004423787--6
NAME			-06/18/01--01022--023
STREET ADDRESS		CITY-ST-ZIP	****437.50 ****437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 REQUIRED 4-24-01 561-659-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #