

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006730 AT

DOCUMENT # A02000001336

1. Entity Name
BLACK CREEK, LLLP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -2 AM 10:12

Principal Place of Business
C/O S. BRYAN JENNINGS
107 RIVER RD.
ORANGE PARK FL 32073

Mailing Address
C/O S. BRYAN JENNINGS
107 RIVER RD.
ORANGE PARK FL 32073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

56-2297212

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

7. Name and Address of New Registered Agent

DAWKINS, ROBERT A
ONE INDEPENDENT DR., STE- 2600
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,665,434

11. MAKE CHECK PAYABLE TO FL. 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 # P02000103231
NAME BLACK CREEK INVESTMENTS, INC.
STREET ADDRESS 10 MARIA PLACE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # JENNINGS, S. BRYAN JR.
NAME 107 RIVER RD.
STREET ADDRESS 107 RIVER RD.
CITY-ST-ZIP ORANGE PARK FL 32073

STREET ADDRESS

CITY-ST-ZIP

300015295333
04/04/03--01003--006 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

S. Bryan Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1 Apr 03 (904) 264-8573

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE