

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04876

1. Entity Name

FRENCHMANS COVE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 12:01

Principal Place of Business

1701 LEE ROAD
WINTER PARK FL 32789

Mailing Address

1701 LEE ROAD
WINTER PARK FL 32789-2161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-2385693

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

M.D. CARLISLE CORP. OF FLORIDA
1701 LEE ROAD
WINTER PARK FL 32789

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$69,300.00

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 # M99000000786
NAME HF WINTER PARK LLC
STREET ADDRESS 1701 LEE ROAD
CITY - ST - ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # 507033
NAME M.D. CARLISLE CORP. OF FLORIDA
STREET ADDRESS 1701 LEE RD.
CITY - ST - ZIP WINTER PARK FL

STREET ADDRESS

CITY - ST - ZIP

200003182582--9
-03/24/00--01033--008
***535.00 ***535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

Richard Lewis RICHARD LEWIS

3/7/00

718/631-0656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #