2000 UNIFORM BUSINESS REPORT (UBR)

FILED A06272 May 02, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name: WINEWOOD PARK LIMITED Principal Place of Business Mailing Address C/O LOEB PARTNERS REALTY SOUTHEAST. INC. C/O LOEB PARTNERS REALTY SOUTHEAST, INC. ... 444 SEABREEZE BLVD., STE. 625 444 SEABREEZE BLVD., STE. 625 DAYTONA BEACH FL 32118-3951 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2931849 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUEY, MIKE Street Address (P.O. Box Number is Not Acceptable) HUEY, GUILDAY & TUCKER, P.A. 106 EAST COLLEGE AVENUE TALLAHASSEE FL 32301 City 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. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE G oto, Amount of Capital Contributions at 123 9.\Capital.Contributions: 🛬 \$594,000:00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GALL GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. CR2E003 (1)(19) F15314 ' DOCUMENT # STREET ADORESS LOEB PTNRS REALTY SE INC 444 SEABREEZE BLVD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OOCHMENT # STREET ADDRESS 500003283415-NAME (1971)(1--01093--021 STREET ADDRESS CITY-ST-ZIP CITY-ST-78P DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY+ST-7IP CITY* ST-ZIP DOCUMENT # STREET ADDRESS NAME 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