

2001 UNIFORM BUSINESS REPORT (UBR)

0000391 AF

DOCUMENT # A06964

1. Entity Name

CENTRAL PARK, LTD.

Principal Place of Business

111 RIVERSIDE AVE.
P.O. BOX 44100
JACKSONVILLE FL 32202

Mailing Address

111 RIVERSIDE AVE.
P.O. BOX 44100
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 JUN -4 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1864000

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANDERGRIFT, C. EDWARD
111 RIVERSIDE AVE.
JACKSONVILLE FL 32202-4950

7. Name and Address of New Registered Agent

Name Christopher S Park
Street Address (P.O. Box Number is Not Acceptable) 111 Riverside Avenue
City Jacksonville FL Zip Code 32202

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 *Christopher S. Park*

(NOTE: Registered Agent signature required when reinstating)

4/26/01

9. Capital Contributions
as Shown on record.

\$750,000.00

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

DOCUMENT # A02405
NAME HASKELL REALTY DEVELOPERS, LTD.
STREET ADDRESS 111 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 500004420765--7
-06/14/01--01100--028
****367.50 ****367.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 500004420765--7
-06/14/01--01100--028
****158.75 ****158.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Christopher S. Park President
CP

4/26/01

Date

984-791-4712

Daytime Phone #

CR2E003 (11/00)