

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09323

1. Entity Name

DEN-PROP LIMITED

Principal Place of Business
% GARTNER, BROCK & SIMON
1660 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE FL 32207

Mailing Address
P.O. BOX 10697
JACKSONVILLE FL 32207

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED

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3/6

FILED
Mar 06, 2002 8:00 A.M.
Secretary of State

000625

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State		4. FEI Number	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	
SIMON, BERT C GARTNER, BROCK & SIMON 1660 PRUDENTIAL DRIVE, SUITE 203 JACKSONVILLE FL 32207				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.		DATE
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. DOCUMENT #	GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
NAME	SCHMITZ, WALTER 1660 PRUDENTIAL DR., #203 JACKSONVILLE FL 32207	STREET ADDRESS
STREET ADDRESS		CITY-ST-ZIP
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E003 (9/01)

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:

Simon Meier, Esq., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0011-49-214 -

30.1.02

8516122

Date

Daytime Phone #