

2000 UNIFORM BUSINESS REPORT (UBR)

00 21:1 AF

DOCUMENT # A11323

Entity Name
DADE CITY PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 999
CHADDS FORD PA 19317

Mailing Address
P.O. BOX 999
CHADDS FORD PA 19317-0503

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 51-0261455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~C-T CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

Change form filed 2/7/00

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,552,600.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	852350
NAME	BRANDYWINE CORPORATION
STREET ADDRESS	2 POND'S EDGE DR.
CITY - ST - ZIP	CHADDS FORD PA
DOCUMENT #	
NAME	HOLTON, ROBERT V., JR.
STREET ADDRESS	2 POND'S EDGE DR.
CITY - ST - ZIP	CHADDS FORD PA
DOCUMENT #	
NAME	MOORE, BRUCE E.
STREET ADDRESS	2 POND'S EDGE DR.
CITY - ST - ZIP	CHADDS FORD PA
DOCUMENT #	
NAME	WATSON, F. LAMAR
STREET ADDRESS	2 POND'S EDGE DR.
CITY - ST - ZIP	CHADDS FORD PA
DOCUMENT #	
NAME	PENDLETON, EDMUND E.
STREET ADDRESS	2 POND'S EDGE DR.
CITY - ST - ZIP	CHADDS FORD PA
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	600003265576--7
CITY - ST - ZIP	05/24/00 01002 007 ****535.00 ****535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: *[Signature]* **SIGNATURE REQUIRED**

PRESIDENT OF BRANDYWINE CORPORATION Date **MAR 27 2000** Daytime Phone # **(610) 388-9600**

GENERAL PARTNER

CR2E003 (9/99)