## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 30, 2000 08:00 AM DOCUMENT # A11725 1. Entity Name **Secretary of State** MARSH LANDING BUSINESS PARK, LTD. Principal Place of Business Mailing Address 4400 MARSH LANDING BLVD 4400 MARSH LANDING BLVD. PONTE VEDRA BEACH FL PONTE VEDRA BEACH FL 32082 32082 2. Principal Place of Business 3. Mailing Address 4400 MARSH LANDING BLVD. 4400 MARSH LANDING BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE #3 SUITE #3 City & State City & State 4. FEI Number Applied For PONTE VEDRA BEACH PONTE VEDRA BEACH 59-2145805 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32082 32082 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE 32301 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. 03/30/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATES 10. Amount of Capital Contributions as Shown on record. 445,000.00 in FLORIDA to date. 445,000.00 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS VALAF MARSH LANDING INVESTORS,LTD. STREET ADDRESS FOUR EMBARCADERO CENTER, SUITE 2200 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94111 DOCUMENT # STREET ADDRESS NAME MARSH LANDING DEVELOPMENT CORPORATION STREET ADDRESS FOUR EMBARCADERO CENTER, SHITE 2200 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94111 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

DESCRIPTION AND DATES

STREET ADDRESS

CITY-ST-ZIP