2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A13381 1. Entity Name DELCHER BUILDING INVESTORS LIMITED | | | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | |
|---|---|-------------------------------|------|--------------------|------------|---|--|
| Principal Place of Business 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216 Mailing Address 3100 UNIVERSITY BLVD. SO SUITE 200 JACKSONVILLE FL 32216-27 | | | | | | | OO MAY - 1 PM 1: 33 |
| Principal Place of Business Address Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Suite | | | | uite, Apt. #, etc. | | - | DO NOT WRITE IN THIS SPACE |
| City & State | | | | City & State | | | 4. FEI Number 59-2288450 Applied For Not Applicable |
| Zíp | Zip Country | | | Zip Country | | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | | | Name | 7. Name and Address of New Registered Agent |
| BROWN, GERALDINE G 3100 UNIVERSITY BLVD. SOUTH | | | | | | Street Address (| (P.O. Box Number is Not Acceptable) |
| SUITE 200 | | | | | | | — 17:0.0 |
| JACKSONVILLE FL 32216 | | | | | | 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. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| Capital Contributions as Shown on record. Supplemental and the | | | | | al Contril | | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE |
| 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. | NOIL | GENERAL PARTNER | | | 13. | | ADDRESS CHANGES ONLY |
| DOCUMENT# | 1 | | | | | ET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | 3100 UNI Jackson | versity blvd. S. Iville fl | | СПУ | -ST-ZIP | 2000000004507 0 | |
| DOCUMENT# | | | | | STRI | ET ADDRESS | 799993284507 |
| STREET ADORESS CITY-ST-ZIP | | | | | CITY | -ST-ZIP | |
| DOCUMENT# NAME | | | | | STRI | ET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY | -ST-ZIP | |
| DOCUMENT # NAME | | | | | STRI | EET ADDRESS | |
| STREET ADDRESS CTTY - ST - ZIP | | | | | СПҮ | - ST - ZIP | |
| DOCUMENT# | | | | | STR | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | _ | | | | CITY | -ST-ZIP | |
| DOCUMENT # | | | | | STR | ET ADDRESS | • |
| NAME STREET ADDRESS CITY+ST-ZIP | ss | | | | 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: Partician Nº Clarkson Front President, The Clarkson Company, General Partician Partician President | | | | | | | |
| | | Patricia H. C | Tall | COOLL ALGE T | TCSI | action time | OTOTION ON THE STATE OF THE STA |