

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16535**

1. Entity Name

FLORIDA INCOME FUND, L.P., LIMITED PARTNERSHIP

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business

12800 UNIVERSITY DR.
 SUITE #260
 FT. MYERS FL 33907

Mailing Address

12800 UNIVERSITY DR.
 SUITE #260
 FT. MYERS FL 33907-5335



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2337910

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

RAIMONDI, LAWRENCE A
 12800 UNIVERSITY DR.
 SUITE #260
 FT. MYERS FL 33907

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
 as Shown on record.

\$5,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **G48164**
 NAME **MARINER CAPITAL MGMT.INC**
 STREET ADDRESS **12800 UNIVERSITY DR. #675**
 CITY-ST-ZIP **FT. MYERS FL 33907**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F93000001186**
 NAME **MCD REAL ESTATE, INC.**
 STREET ADDRESS **800 SUPERIOR AVE. #2100**
 CITY-ST-ZIP **CLEVELAND OH 44114**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500008283745-7
06/08/00-01112-011
*****526.25 ***526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

Allen G. TenBroek

4/26/00

(941)481-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Mariner Capital Mgmt Inc.**

Daytime Phone #

CR2E003 (9/99)