2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A22734

1. Entity Name

METROPOLITAN SECURITIES COMPANY, LIMITED

FILED

01 MAR -5 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
701 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	701 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 64-0727240 · 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
WRIGHT, DONALD C 1301 RIVERPLACE BOULEVARD SUITE 1500 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.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. $400,000.00	**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 # A22732 NAME CALIFORNIA REDWOOD COMPANY (A LIMITED PART STREET ADDRESS 1440 CANAL STREET,SUITE 1500 CITY-ST-ZIP NEW ORLEANS LA 70112	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # A22733 NAME NOVAK FAMILY LIMITED STREET ADDRESS 701 PONTE VEDRA BLVD. CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	STREET ADDRESS CITY-ST-ZIP 9000003803209----1 -03/06/01--01117--007 ****526.25 ****526.25
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #