2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # . A23227

1. Entity Name

MAYPORT HOUSING PARTNERSHIP LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business	Mailing Address
1700 MINDANAO DR. JACKSONVILLE FL 32246	1700 MINDANAO DR. JACKSONVILLE FL 32246-8880

DO NOT WRITE IN THIS SPACE

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 11-2824519 ☐ Applied For ☐ Not Applicable

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
PERPIGNANO, PETER ROBERT 1700 MINDANAO DR. C/O JOHNSON HOUSING JACKSONVILLE FL 32246	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$9,400.00		

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 #	J33153	STREET ADDRESS	
NAME	PRP CORP.	CITY-ST-ZIP	
STREET ADDRESS	1700 MINDANAO DR.		
CITY-ST-ZIP	JACKSONVILLE FL 32246		
DOCUMENT #	J33152	STREET ADDRESS	
NAME	LBR REALTY CORP. OF FLA.		
STREET ADDRESS	1700 MINDANAO DR.	CITY-ST-ZIP	000003242630--6
CITY-ST-ZIP	JACKSONVILLE FL 32246		-05/08/00--01095--002
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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: _____ 12 Apr 00 904 641 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)