

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23255**

1. Entity Name

B.H. LIMITED PARTNERSHIP

FILED

02 FEB 28 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**25 WEESET PROPRIETORS WAY
ORLEANS MA 02653**

Mailing Address

**25 WEESET PROPRIETORS WAY
ORLEANS MA 02653**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2929666

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

**TRAMMELL CROW CO.
315 E. ROBINSON ST., #400
ORLANDO FL 32801**

Name

Advantis Real Estate Services Company

Street Address (P.O. Box Number is Not Acceptable)

100 S. Orange Ave.

Suite 800

City

Orlando

FL

Zip Code

32801

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]

DATE

9. Capital Contributions
as Shown on record.

\$196.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

**BENNETT, JOHN P
25 WEESET PROPRIETORS WAY
ORLEANS MA 02653**

STREET ADDRESS
CITY-ST-ZIP

700005041707--3

03/04/02-01104-021

******141.25 ****141.25**

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOHN P. BENNETT

01/14/02

(508) 240-0652

Date

Daytime Phone #

CR2E003 (9/01)

0020753 SP