| · ··· | MENT # A2467 | | • • • • | | ٢ |
|--|--|---|---|--|---|
| 1. Entity Nam | ne / LL I O | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS |
| BOYNTC | on Sandpiper Limited Partnei | RSHIP | | | |
| Principal Plac | e of Business | Mailing Address | | | 00 APR 17 AM 11:43 |
| | | | Duth Bellaire Street. Suite 1700 R CO 80222-4360 | | The |
| | | | | | |
| 2. Principal Place of Business 3. Mailing Address 2000 South Colorado Blvd. 2000 South Color Suite, Apt. #, etc. Suite, Apt. #, etc. | | | lorado | Blvd. | A A A A A A A A A A A A A A A A A A A |
| Suite Apt. | #, etc. | Suite, Apt. #, etc. Tower Two, Su | | | DO NOT WRITE IN THIS SPACE |
| Tower Two, Suite 2–1000 City & State Denver, CO Zip Country 80222 USA 6. Name and Address of Current R | | City & State Denver, CO | <u>118 2-</u> | | 4. FEI Number 52-153 1927 Applied For Not Applicable |
| Zip | Country | Zip .80222 | Country USA | | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | | | · · · · · | Name | 7. Name and Address of New Registered Agent |
| CORPORATION SERVICE COMPANY | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| 1201 HAYS STREET TALLAHASSEE FL 32301 | | | - | | |
| | | | | City | FL Zip Code |
| 8. The above | e named entity submits this statement for | or the purpose of changing its | registered | office or registere | ed agent, or both, in the State of Florida. |
| SIGNATURE . | Signature, typed or printed name of registered agen | t and title if applicable. (NOT | E: Registered Ag | gent signature required | when reinstating) DATE |
| 9. Capital Co as Shown | | 10. Amount of Capit in FLORIDA to d | | tions | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
| | A GENERAL PARTNER NOTE: General Partners M | THAT IS A BUSINESS EN AY NOT be changed on the | ITITY MUS he form; a | ST BE REGIST | ERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner. |
| 12. DOCUMENT# | GENERAL PARTNER INFORMATION | | 13. | ADDRESS CHANGES ONLY 2000 South Colorado Boulevard Tower Two, Suite 2-1000 | |
| NAME STREET ADDRESS | NHP REAL ESTATE CORP. 1225 EYE STREET, N.W., SUITE | E 200 | CITY-ST | Tow | |
| CITY-ST-ZIP DOCUMENT# | WASHINGTON DC 20005 | | | | ver, CO 80222 |
| NAME STREET ADDRESS | | | | ADDRESS | |
| CITY - ST - ZIP DOCUMENT # | | | CITY-ST | - ZP | 3000032290535 -04/28/0001079010 ****141.25 ****141.25 |
| NAME STREET ADDRESS | | | STREET | ADDRESS | ****141.63 *****141.63 |
| CITY - ST - ZIP | · | | CITY-ST | - ZIP | |
| DOCUMENT # | | | STREET | ADDRESS | |
| STREET ADORESS CITY - ST - ZIP | | | CITY - ST | ZIP | |
| Document# Name | | | STREET | ADDRESS | ••• |
| STREET ADDRESS CITY - ST - ZIP | | | CITY - ST | ZNP | |
| DOCUMENT # | | | STREET | ADDRESS | |
| STREET ADDRESS City - St- [*] Zip | | | CITY - ST | - ZIP | |
| 14. I hereby o | certify that the information supplied wit on this report is true and accurate and | h this filing does not qualify fo d that my signature shall have | r the exemp the same le | otion stated in Se egal effect as if m | ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or |
| the receiv | ver or trustee empowered to execute th | his report as required by Chap | oter 620, Flo | rida Statutes | |
| the receiv Boynt | ver or trustee empowered to execute th | Partnership, by | y its (| rida Statutes GP, NHP Ro | eal Estate Corporation Asst. Sec. 4-12-00 (303) 757-8101 |