

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26520

1. Entity Name

EW FLORIDA INVESTMENTS, LTD.

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

Principal Place of Business

9025 BOGGY CREEK RD., #4
ORLANDO FL 32824

Mailing Address

9025 BOGGY CREEK RD., #4
ORLANDO FL 32809-7683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8100 Chancellor Dr
Suite, Apt. #, etc.
Ste 145
City & State
Orlando, FL
Zip
32809

3. Mailing Address

8100 Chancellor Dr
Suite, Apt. #, etc.
Ste 145
City & State
Orlando, FL
Zip
32809

4. FEI Number

59-2938943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPOONHOUR, JAMES
215 N. EOLA DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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.

\$25,000,000.00

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

DOCUMENT # H76647
NAME EVW REAL ESTATE CORPORATION
STREET ADDRESS 4200 NORTHSIDE PARKWAY, NW
CITY - ST - ZIP ATLANTA GA 30327

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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 AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 1st 2000

Date

Daytime Phone #

11/13/01 10:13:23