2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27530

1. Entity Name

BLOOMINGDALE PROPERTY GENPART LIMITED PARTNERSHI

FILED
Mar 03 2000 8:00 am
Secretary of State

Principal Place of Business	Mailing Address
%J. BOB HUMPHRIES 501 E. KENNEDY BOULEVARD TAMPA FL 33602	%J. BOB HUMPHRIES 501 E. KENNEDY BOULEVARD TAMPA FL 33602-5237

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 98-0104106 ☐ 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
HUMPHRIES, J. BOB FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER 501 EAST KENNEDY BOULEVARD TAMPA FL 33602	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
$198,389.00		

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 #	P22185	STREET ADDRESS	
NAME	BP 301 CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1250-24TH STREET, N.W.		
CITY-ST-ZIP	WASHINGOTN DC		
DOCUMENT #	F93000001525	STREET ADDRESS	mf 3/15/00
NAME	163767 CANADA, INC.	CITY-ST-ZIP	
STREET ADDRESS	501 EAST KENNEDY BLVD.		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	600003173246--8
NAME		CITY-ST-ZIP	-03/16/00--01088--006
STREET ADDRESS			****535.00 ****535.00
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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 2/29/00 (813) 222-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
J. Bob Humphries, Asst. Secretary