2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009205 AF

DOCUMENT # A27530

1. Entity Name

BLOOMINGDALE PROPERTY GENPART LIMITED PARTNERSHI

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

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: Cody W. Waters, Esquire Street Address (P.O. Box Number is Not Acceptable): Fowler, White Law Firm 501 E. Kennedy Blvd., #1700 City: Tampa FL Zip Code: 33602

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 Cody W. Waters
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. **$198,389.00**	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	P22185 BP 301 CORPORATION 1250-24TH STREET, N.W. WASHINGOTN DC	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	F93000001525 163767 CANADA, INC. 501 EAST KENNEDY BLVD. TAMPA FL	STREET ADDRESS / CITY-ST-ZIP	000004275030--7 -05/21/01--01194--007 ****535.00 ****535.00
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

CR2E003 (11/00)

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] ESQUIRE 4-4-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

ANDREW ANDERSON