2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30388

1. Entity Name

THE ARBOR CLUB PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 27 AM 3:05

Principal Place of Business	Mailing Address
3020 Hartley Road, Ste. 300 Jacksonville, FL 32257	3020 Hartley Road, Ste. 300 Jacksonville, FL 32257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3020 Hartley Road	3020 Hartley Road
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32257 Country: USA	Zip: 32257 Country: USA

4. FEI Number 59-3019192 ☐ 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
FARRELL, MARK T 3020 Hartley Road, Ste. 300 Jacksonville, FL 32257	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 _____ April 4, 2000
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:	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$7,500.00		

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 #	L12521	STREET ADDRESS	3020 Hartley Road, Ste. 300
NAME	VESTCOR-PONTE VEDRA, INC	CITY-ST-ZIP	Jacksonville, FL 32257
STREET ADDRESS	3030 HARTLEY ROAD, #100		
CITY-ST-ZIP	JACKSONVILLE FL 32257		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600003260366--8
NAME		CITY-ST-ZIP	-05/19/00--01122--002
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NAME		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 REQUIRED _____ April 4, 2000 (904) 260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #