

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31307

1. Entity Name

GREAT OAKS PARTNERS, LTD.

Principal Place of Business

ATTN: ZEV COHEN

55 SETON TRAIL

ORMOND BEACH FL 32176

Mailing Address

55 SETON TRAIL

ORMOND BEACH FL 32176-6524

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 59-3075113

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

BURNETT, RANDOM R ESQUIRE

501 N. GRANDVIEW AVE.

DAYTONA BEACH FL 32114

Name

Zev Cohen

Street Address (P.O. Box Number is Not Acceptable)

55 Seton Trail

City Ormond Beach

FL

Zip Code

32176

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)

4/12/00

DATE

9. Capital Contributions as Shown on record.

\$8,500.00

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 # S09583
NAME 1011 GROUP, INC.
STREET ADDRESS C/O ZEV COHEN, 55 SETON TRAIL
CITY - ST - ZIP ORMOND BEACH FL 32176

STREET ADDRESS

CITY - ST - ZIP

100003289871-9

06/15/99-01001-010

****148.25 ****148.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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59.50

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STREET ADDRESS

CITY - ST - ZIP

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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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/4/00

Date

(904) 441-2890

Daytime Phone #

(180) JUL 1 1990