2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33153

1. Entity Name

ESCHERT LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15153 CAPTIVA DRIVE CAPTIVA FL 33924-0944	15153 CAPTIVA DRIVE P.O. BOX 944 CAPTIVA FL 33924-0944

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 06-1343140 ☐ 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
ESCHERT, JOAN M 15153 CAPTIVA DRIVE CAPTIVA FL 33924-0944	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
$277,400.00		

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 #		STREET ADDRESS	
NAME	ESCHERT, JOAN M	CITY-ST-ZIP	900003217799--1
STREET ADDRESS	15153 CAPTIVA DRIVE		-04/20/00--01115--007
CITY-ST-ZIP	CAPTIVA FL		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME	RUEDA, SUSAN E	CITY-ST-ZIP	
STREET ADDRESS	11309 DARWOOD PLACE		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME	COOK, KIMBERLY E	CITY-ST-ZIP	
STREET ADDRESS	#2 PLANETREE COURT		
CITY-ST-ZIP	NEWTON PA		
DOCUMENT #		STREET ADDRESS	
NAME	ESCHERT, JAMES M	CITY-ST-ZIP	
STREET ADDRESS	C/O ASPINET, ROUTE 10		
CITY-ST-ZIP	AVON CT		
DOCUMENT #		STREET ADDRESS	
NAME	ESCHERT, WILLIAM E	CITY-ST-ZIP	
STREET ADDRESS	C/O ASPINET, ROUTE 10		
CITY-ST-ZIP	AVON CT		
DOCUMENT #		STREET ADDRESS	
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 5, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #