

2001 UNIFORM BUSINESS REPORT (UBR)

0012482 AF

DOCUMENT # A93000000329

1. Entity Name

CORIM-LAURA STREET, LTD.

FILED

2001 MAY 11 PM 3:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 LAURA STREET
SUITE B-100
JACKSONVILLE FL 32201

Mailing Address
316 BERNARD RD.
#CLS-100
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-6998201

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEWARDSHIP SERVICES
100 LAURA STREET
SUITE B-100
JACKSONVILLE FL 32201

Name: PAUL M. HARDEN, ARX
Street Address (P.O. Box Number is Not Acceptable)
1301 RIVERPLACE BLVD, STE 2601
City: JACKSONVILLE FL Zip Code: 32207

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)

DATE

9. Capital Contributions
as Shown on record.

\$8,370,962.00

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.

\$535.00

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006627
NAME SCHNEIDER PROPERTIES CO.
STREET ADDRESS 2801 HIGHWAY 41 SOUTH
CITY-ST-ZIP ELKO GA 31025

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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

02/13/01

Date

904-633-8683

Daytime Phone #

CR2E003 (11/00)