2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000360

1. Entity Name

EISENMANN TAMPA LIMITED PARTNERSHIP

FILED
Feb 03 2000 8:00 am
Secretary of State

Principal Place of Business	Mailing Address
300 EAST LONG LAKE ROAD. SUITE 365 BLOOMFIELD HILLS MI 48304	300 EAST LONG LAKE ROAD. SUITE 365 BLOOMFIELD HILLS MI 48304-2377

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 38-3106437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR.
400 CLEVELAND STREET, SUITE 800
CLEARWATER FL 34615

7. Name and Address of New Registered Agent.

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 records: 4,805,710.00

10. Amount of Capital Contributions in FLORIDA to date. 4,805,710.00

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 #	F93000001784	STREET ADDRESS	Suite 365
NAME	EISENMANN PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 EAST LONG LAKE ROAD, SUITE 375x		
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		
DOCUMENT #		STREET ADDRESS	500003123695--8 -02/04/00--01014--002 ****526.25 ****526.25
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: By: SIGNATURE REQUIRED Aloys K. Schwarz, Vice President — 01-31-2000 — 248-645-1444

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