2000 UNIFORM BUSINESS REPORT (UBR)

0012581 AF

DOCUMENT # A93000000422

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 22 PM 3:06

1. Entity Name

SANDY PINES, LTD.

Principal Place of Business	Mailing Address
450 CHALLENGER RD CAPE CANAVERAL FL 32920	450 CHALLENGER RD CAPE CANAVERAL FL 32931-5102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5505 N. Atlantic Ave.	5505 N. Atlantic Ave.
Suite, Apt. #, etc.: 115	Suite, Apt. #, etc.: 115
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931 Country: USA	Zip: 32931 Country: USA

4. FEI Number 59-3402126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTMAN, MICHAEL A 450 CHALLENGER RD CAPE CANAVERAL FL 32920	Name: Jacqueline McPhillips Street Address (P.O. Box Number is Not Acceptable): 5505 N. Atlantic Ave., #115 City: Cocoa Beach FL Zip Code: 32931

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: Jacqueline McPhillips 1-14-00 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/22

9. Capital Contributions as Shown on record. $2,631,059.00

10. Amount of Capital Contributions in FLORIDA to date. 2,631,059

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
P93000075715 HERITAGE PARTNERS GROUP VIII, INC. 450 CHALLENGER RD CAPE CANAVERAL FL 32920	STREET ADDRESS: 5505 N. Atlantic Ave., #115 CITY-ST-ZIP: Cocoa Beach, FL 32931
	STREET ADDRESS: CITY-ST-ZIP: FF $526.25 CUS 8.75
	STREET ADDRESS: CITY-ST-ZIP: 100003265601--8 -05/24/00--01082--023 ****535.00 ****535.00
	STREET ADDRESS: CITY-ST-ZIP:
	STREET ADDRESS: CITY-ST-ZIP:
	STREET ADDRESS: CITY-ST-ZIP:

(66/6) 30032HC

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: Jacqueline McPhillips 1-14-00

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