

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012577 AF

DOCUMENT # A93000000426

1. Entity Name

MANATEE POND, LTD.

00 MAR 29 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business

450 CHALLENGER RD
CAPE CANAVERAL FL 32920

Mailing Address

450 CHALLENGER RD
CAPE CANAVERAL FL 32931-5102

2. Principal Place of Business

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

4. FEI Number

59-3176352

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, MICHAEL H

450 CHALLENGER RD

CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-00

9. Capital Contributions
as Shown on record.

\$2,040,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,040,100

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

DOCUMENT # P93000075715
NAME HERITAGE PARTNERS GROUP VIII, INC.
STREET ADDRESS 450 CHALLENGER RD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

DOCUMENT # N16583
NAME MEMPHIS AREA COMMUNITY DEVELOPMENT CORP IN
STREET ADDRESS 5404 FIRST ST., SUITE 210
CITY - ST - ZIP BRADENTON FL 34205

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5505 N. Atlantic Ave., #115
CITY - ST - ZIP Cocoa Beach, FL 32931

STREET ADDRESS 500003207015--8
CITY - ST - ZIP 04/13/00 01039 012
*****8.75 *****8.75

STREET ADDRESS 500003207015--8
CITY - ST - ZIP 04/13/00 01039 013
****526.25 ****526.25

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1-14-00

Daytime Phone #

CR2E003 (9/99)