

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001105

1. Entity Name

Hetherington Investments, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16120 Gulf Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Redington Beach, FL

City & State

Zip

Country

33708

Country

Zip

Country

4. FEI Number

59-3207869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

E. Jackson Boggs

Street Address (P.O. Box Number is Not Acceptable)

501 E. Kennedy Blvd., Suite 1700

City

Tampa

FL

Zip Code

33602

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

E. Jackson Boggs

Signature, typed or printed name of registered agent and date if applicable

6/26/02

DATE

9. Capital Contributions

as Shown on record

10,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date

1,742,349.00

**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

DOCUMENT #	Hetherington, James JR	STREET ADDRESS	
NAME	2912 Oak Street	CITY-ST-ZIP	
STREET ADDRESS	Willoughby Hills OH 44094		
CITY-ST-ZIP			
DOCUMENT #	Cordrey, Mary H.	STREET ADDRESS	
NAME	16120 Gulf Boulevard	CITY-ST-ZIP	
STREET ADDRESS	Redington Beach, FL 33708		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**DO NOT WRITE
IN THIS SPACE**

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:

James Hetherington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

29 APR '02

Date

440-9436646

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE