| 2000 | UNIFORM BUS | INESS REPO | RT (UBR) | , |
|--|---|---------------------|----------------|--|
| DOCUMENT # A9300001140 1. Entity Name | | | | FILED |
| SAPPHIRE I LIMITED PARTNERSHIP | | | | 00 JAN 19 PM 12: 10 |
| | | | | UU JAN 13 TTTE |
| Principal Place of Business Mailing Address 7805 SARANAC COURT 7805 SARANAC COURT ORLANDO FL 32835 ORLANDO FL 32835-26 | | | 3 | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| | | | | |
| Principal Place of Business Address Mailing Address | | | | * 198161† 1816 IEIOS (III) OBIII BOIII EBIII OEIII BOIII EBIII OEIII BOIII IION JION OIDII OEII IOOL |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | | 4. FEI Number 59-3205479 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | |
| | | | | zabeth A. McDade s (P.O. Box Number is Not Acceptable) |
| 7805 SARANAC COURT | | | | <u> </u> |
| ORLANDO FL 32835 | | | 7805 | Saravac Court |
| City OR (a | | | | ando FL Zip Code 32835 |
| 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. Elizabeth A. Mc Dade, President of | | | | |
| SIGNATURE Elizabeth a. Molecu President Gleuville Management Co. 01/14/a= Signature, typed organised name of registered agent and title if applicable (NOTE/Registered Agent signature required when reinstating) DATE | | | | |
| 9. Capital Contributions as Shown on record. 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. | | | | |
| 12. GENERAL PARTNER INFORMATION 13. | | | | ADDRESS CHANGES ONLY |
| DOCUMENT# NAME | P98000028985 GLENVILLE MANAGEMENT COMPANY | | STREET ADDRESS | • |
| STREET ADDRESS CITY - ST - ZIP | 7805 SARANAC COURT ORLANDO FL 32835 | NAC COURT | | |
| DOCUMENT# | | | STREET ADDRESS | 7000031058574 -01/21/0001023010 |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | ****526.25 ****526.25 |
| DOCUMENT # | | 20 5 5 | STREET ADDRESS | |
| STREET ADDRESS | · | | CITY+ST-ZIP | |
| DOCUMENT # | | | STREET ADDRESS | $\overline{\mathcal{A}}$ |
| STREET ADORESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # | | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | . CITY-ST-ZIP | |
| DOCUMENT# | * 1 | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | ` | | CTTY-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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Compared to the information 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Compared to 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Compared to the information indicated on 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Compared to the information indicated on the information indicated on the receiver of the limited partnership of the information indicated on the informatio | | | | |
| SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER OIL 14/2000 (401) 293-1050 Date Desturing Phone # | | | | |