2000 UNIFORM BUSINESS REPORT (UBR)

0015360 AF

DOCUMENT # A94000000275

1. Entity Name

PAINT BRANCH LAKE LAND TRUST LTD.

FILED
00 FEB 15 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5307 RANDOLPH RD. ROCKVILLE MD 20852	5307 RANDOLPH RD. ROCKVILLE MD 20852-2121

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 52-1901373 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPAPORT, ALLEN J ESQ. 999 PONCE DE LEON BLVD., STE. 1110 CORAL GABLES FL 33134	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $1,000.00	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 #	L53861	STREET ADDRESS	300003152163--3
NAME	C & J OF NAPLES, INC.		-02/29/00--01088--010
STREET ADDRESS	5307 RANDOLPH RD.	CITY-ST-ZIP	****150.00 ****150.00
CITY-ST-ZIP	ROCKVILLE MD 20852		
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CITY-ST-ZIP			

CR2E003 (9/99)

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*

C+J. OF NAPLES INC. GENERAL PARTNER

SIGNATURE: SIGNATURE REQUIRED Bruce J. Teck 1/31/00 301 299 2181

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