

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000358**

1. Entity Name

M F INDIAN RIVER HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 5:58

Principal Place of Business
**601 BAYSHORE BOULEVARD, SUITE 650
TAMPA FL 33606**

Mailing Address
**601 BAYSHORE BOULEVARD, SUITE 650
TAMPA FL 33606-2760**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3229934		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3229934		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**FUNK, CHARLES B
601 BAYSHORE BLVD., SUITE 650
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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. \$6,550,000.00	10. Amount of Capital Contributions in FLORIDA to date. 6,550,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	G94341800002- G00074900.157	STREET ADDRESS	
NAME	INDIAN RIVER JOINT VENTURE	CITY - ST - ZIP	
STREET ADDRESS	601 BAYSHORE BLVD., SUITE 650	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33606	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **THE HOUSING LBP, INC., A GP OF** **1/21/00** **813-251-1221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)