

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000402

1. Entity Name

MANDARIN/LORETTO LAND ASSOCIATES, LTD.

Principal Place of Business

C/O GH PARTNERSHIP HOLDINGS MLLA, INC.  
3627 UNIVERSITY BLVD., SOUTH, SUITE 840  
JACKSONVILLE FL 32216

Mailing Address

C/O GH PARTNERSHIP HOLDINGS MLLA, INC.  
3627 UNIVERSITY BLVD., SOUTH, SUITE 840  
JACKSONVILLE FL 32216-7404

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3599 University Blvd., S.

Suite, Apt. #, etc.  
Suite B

City & State  
Jacksonville, FL

Zip  
32216

Country

3. Mailing Address

3599 University Blvd., S.

Suite, Apt. #, etc.  
Suite B

City & State  
Jacksonville, FL

Zip  
32216

Country

4. FEI Number

59-3232808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEIGER, ALLAN T ESQ.  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE FL 32207

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.

\$9,900.00

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

DOCUMENT # P93000075286  
NAME GH PARTNERSHIP HOLDINGS MLLA, INC.  
STREET ADDRESS 3627 UNIVERSITY BLVD., SOUTH, SUITE 840  
CITY - ST - ZIP JACKSONVILLE FL 32216

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

3599 University Blvd., S.

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

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

4/21/00

Date

904-658-7474

Daytime Phone #

CR2E003 (9/99)