

2001 UNIFORM BUSINESS REPORT (UBR)

0019484 AF

DOCUMENT # **A94000000403**

1. Entity Name

MANDARIN/LORETTO DEVELOPMENT, LTD.

Principal Place of Business

**C/O MLD DEVELOPMENT, INC.
3715 NORTHSIDE PKWY. 300 NORTHCREEK. #105
ATLANTA GA 30327**

Mailing Address

**C/O MLD DEVELOPMENT, INC.
3715 NORTHSIDE PKWY. 300 NORTHCREEK. #105
ATLANTA GA 30327**

FILED

01 APR -2 PM 12:20

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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

59-3058467

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

**THERESA M. KENNEY, ESQ.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

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.

\$9,800.00

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 # **S32348**
NAME **MLD DEVELOPMENT, INC.**
STREET ADDRESS **3715 NORTHSIDE PKWY, 300 NORTHCREEK, #105**
CITY-ST-ZIP **ATLANTA GA 30327**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P93000075284**
NAME **GH PARTNERSHIP HOLDINGS MLD**
STREET ADDRESS **3627 UNIV. BLVD., SOUTH, SUITE 840**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS

CITY-ST-ZIP

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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:

W. A. McClain III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/01
Date

404-261-3271
Daytime Phone #

CR2E003 (11/00)