

DOCUMENT #		A95000001289	
1. Entity Name			
SAVANNA POINTE, LTD.			
Principal Place of Business		Mailing Address	
3501 SOUTH MAIN STREET, SUITE 1 GAINESVILLE FL 32601		3501 SOUTH MAIN STREET, SUITE 1 GAINESVILLE FL 32601-9031	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
HENDERSON, FREDERICK L 3501 SOUTH MAIN STREET, SUITE 1 GAINESVILLE FL 32601			Name
			Street Address
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$490,000.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA			
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION			13.
DOCUMENT #	P95000054542	STREET ADDRESS	
NAME	SAVANNA POINTE, INC.	CITY - ST - ZIP	
STREET ADDRESS	3501 SOUTH MAIN STREET, SUITE 1		
CITY - ST - ZIP	GAINESVILLE FL 32601		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if it were signed by the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE:		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

DO NOT WRITE IN THIS SPACE

5.-Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

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.	\$490,000.00
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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 #	P95000054542
NAME	SAVANNA POINTE, INC.
STREET ADDRESS	3501 SOUTH MAIN STREET, SUITE 1
CITY - ST - ZIP	GAINESVILLE FL 32601

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-00 352-372-8372

Date _____

Daytime Phone #