## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500001300						7					Š
DOCUMENT # A9500001300  1. Entity Name					New Co					<b>.</b>	,
FT/GAINESVILLE, LTD.				Ċ,	•	FILED					-
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Principal Plac	ce of Business	<del>. 1</del>	Mailing Address			01 APR	23 AM 10:	32			
116 SOUTHEAST FIRST STREET GAINESVILLE FL 32601			116 SOUTHEAST FIRST STREET GAINESVILLE FL 32601			SECRET	ARY OF STAT	E			
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A Delegation	Place of Directors		2 Mailing Address								
2. Principal Place of Business			3. Mailing Address			TAILAHASSEE FLORIDA					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SF	PACE		
City & State			City & State			4. FEI Number 59-3340336			Applied For	e	
Zip	(	Country	Zip	Count	try	5. Certificate of	Status Desired		8.75 A	dditional	
* * .	6. Name an	d Address of Current F	Registered Agent		Nome	7. Name and A	ddress of New Reg				$\exists$
CAIN PATRICK F				Name				<del></del>			
CAIN, PATRICK E 116 SOUTHEAST FIRST ST.		,		Street Address (	(P.O. Box Number i	is Not Acceptable)					
	ILLE FL 32601										
			-	.	City			FL	Zip Co	de	7
8. The above	e named entity su	ibmits this statement for	the purpose of changing its	registere	ed office or register	red agent, or both,	in the State of Florid	la.			7
SIGNATURE											
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9. Capital Co	Signature, typed or pr	inted name of registered agent ar			Agent signature required		11. MAKE CHECK	DATE PAYABLE T	O DEPT.	OF STATE	4
9. Capital Co	Signature, typed or prontributions on record.	\$450,000.00	10. Amount of Capit in FLORIDA to c	tal Contrib late.	outions 3 50.0	000	SEE REVERSE	PAYABLE T Side for			
9. Capital Co as Shown	Signature, typed or prontributions on record.	\$450,000.00 NERAL PARTNER TH eneral Partners MAY	10. Amount of Capition FLORIDA to contact the following FLORIDA to contact the following floring flori	tal Contrib late. ITITY MI he form;	outions 3 50,0	CERED AND AC	SEE REVERSE TIVE WITH THIS to change a gene	PAYABLE T SIDE FOR OFFICE. Prai partn	FEE INFO		
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9. Capital Coas Shown 12. DOCUMENT # NAME	Signature, typed or prontributions on record.  A:GEN NOTE: G:  F9500000422: FT GAINESVIL	\$450,000.00  NERAL PARTNER THE eneral Partners MAY GENERAL PARTNER  7  LLE PARTNERS, INC.	10. Amount of Capition FLORIDA to contact the following FLORIDA to contact the following floring flori	tal Contrib late. ITITY MI he form;	outions 3500	FERED AND AC t must be filed	SEE REVERSE TIVE WITH THIS to change a gene	PAYABLE T SIDE FOR OFFICE. Prai partn	FEE INFO		(11/00)
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SIGNATURE AND TYPÉD OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

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