

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # A95000001317**

Entity Name

MYERLEE SQUARE SHOPPING CENTER, LTD.**FILED****00 JAN 10 PM 3:58****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**JACKSON ST., STE 200
MYERS FL 33901**

Mailing Address

**1601 JACKSON ST., STE 200
FORT MYERS FL 33901-2968**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0606119

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FREEMAN, PAUL M ESQ.****9100 SOUTH DADELAND BLVD., SUITE 1406****MIAMI FL 33156****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

Capital Contributions
as Shown on record.**\$400,000.00**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.****GENERAL PARTNER INFORMATION**

13.

ADDRESS CHANGES ONLYDOCUMENT # **L54746**
NAME **PARAGON DEVELOPMENT GROUP, INC.**
STREET ADDRESS **4020 EVANS AVENUE**
CITY - ST - ZIP **FORT MYERS FL 33156**

STREET ADDRESS

CITY - ST - ZIP

100003100041--6

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**Gerard A. McHale**

Date

Daytime Phone #