

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000100

1. Entity Name

SHANNON LAKES-KISSIMMEE LIMITED PARTNERSHIP

Principal Place of Business

C/O JAMES GRIFFIN
1401 E BROWARD BLVD., #302
FT LAUDERDALE FL 33301

Mailing Address

% MARK PORATH
16133 VENTURA BLVD., SUITE 1400
ENCINO CA 91436-2447



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

95-4560674

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

GRIFFIN, JAMES
VICTORIA PARK CENTER
1401 E BROWARD BOULEVARD, #302
FT LAUDERDALE FL 33301

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.

\$1,001,645.66

10. Amount of Capital Contributions
in FLORIDA to date.

\$502,829

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 # L97000000589
NAME MS/SEP #2 GP, L.C.
STREET ADDRESS 16133 VENTURA BLVD., #1400
CITY - ST - ZIP ENCINO CA 91436

STREET ADDRESS

CITY - ST - ZIP

700003289537--D

06/14/00 01100-004

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FILED
00 MAY -5 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
See signature block attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

818/385-0005