2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000298

1. Entity Name

ANGERMUELLER FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -3 AM 11:02

Principal Place of Business	Mailing Address
C/O HANS ANGERMUELLER // OCEAN RIDGE MGMT. 6849 NORTH OCEAN BLVD. OCEAN RIDGE FL 33435	C/O HANS ANGERMUELLER // OCEAN RIDGE MGMT. 6849 NORTH OCEAN BLVD. OCEAN RIDGE FL 33435

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 65-0645376 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ DATE

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,439,953.00		

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 # NAME STREET ADDRESS CITY-ST-ZIP ANGERMUELLER, HANS 6849 NORTH OCEAN RIDGE BLVD. OCEAN RIDGE FL 33435	STREET ADDRESS CITY-ST-ZIP 500003417625--0 10/06/00--01126--001 ****700.00 ****700.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP ANGERMUELLER, KATHERINE 6849 NORTH OCEAN RIDGE BLVD. OCEAN RIDGE FL 33435	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 500003417625--0 -10/06/00--01126--002 ****235.00 ****235.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 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: _____ 9/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #