

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000395

1. Entity Name
B.D.D. PARTNERSHIP #1, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:17



Principal Place of Business
C/O TREASURE PROPERTIES, INC.
13535 FEATHER SOUND DR., STE. 125
CLEARWATER FL 33762

Mailing Address
C/O TREASURE PROPERTIES, INC.
13535 FEATHER SOUND DR., STE. 125
CLEARWATER FL 33762-5500

2. Principal Place of Business
C/O Cave Properties, Inc.
Suite, Apt. #, etc.

3. Mailing Address
C/O Cave Properties, Inc.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FEI Number 59-3385403
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
B.D.D. INVESTMENTS, INC.
C/O TREASURE PROPERTIES, INC.
13535 FEATHER SOUND DR., STE. 125
CLEARWATER FL 33762

7. Name and Address of New Registered Agent
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. \$99.00
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.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000000331	STREET ADDRESS	500003148065--5	
NAME	B.D.D. INVESTMENTS, INC.	CITY - ST - ZIP	-02/25/00--01086--019	
STREET ADDRESS	13535 FEATHER SOUND DR., STE. 125		****141.25 ****141.25	
CITY - ST - ZIP	CLEARWATER FL 33762			
DOCUMENT #		STREET ADDRESS	inf 2/24/00	
NAME		CITY - ST - ZIP		
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NAME		CITY - ST - ZIP		
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* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 2-11-00 (727) 572-4664
Daytime Phone #

CR2E003 (9/95)