

2001 UNIFORM BUSINESS REPORT (UBR)

0018996 AB

DOCUMENT # **A96000000563**

1. Entity Name
HRH-1 LIMITED PARTNERSHIP

FILED
01 MAR -9 PM 12:06
SECRETARY OF STATE
TAMPA FLORIDA

Principal Place of Business
**102 EAST FRONT STREET
TRAVERSE CITY MI 49684**

Mailing Address
**P.O. BOX 946
TRAVERSE CITY MI 49685-0946**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3293033**

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

7. Name and Address of New Registered Agent

**GRAY, DAVID L
2411 TEST-TAMIAMI TRAIL #201
NAPLES FL 33962**

Name
Street Address (P.O. Box Number is Not Acceptable)
**11060 CARAVEL CIRCLE
UNIT # 301**
City **FT Myers** FL Zip Code **33908-3876**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$800,000.00**

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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **S63391**
NAME **THE GREAT NORTH SOUTH CORPORATION**
STREET ADDRESS **102 EAST FRONT STREET**
CITY-ST-ZIP **TRAVERSE CITY MI 49684**

STREET ADDRESS
CITY-ST-ZIP **123 1/2 East Front Street
Traverse City, MI 49684**

DOCUMENT #
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CITY-ST-ZIP.

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/01 (231) 326-5563
Date Daytime Phone #

CR2E003 (11/00)