

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000905**

1. Entity Name

**DOUBLE EAGLE OFFICE BUILDING LIMITED PARTNERSHIP**

Principal Place of Business  
**107 PLANTERS ROW W  
 PONTE VEDRA BEACH FL 32082**

Mailing Address  
**107 PLANTERS ROW W  
 PONTE VEDRA BEACH FL 32082-3938**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3391380**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**GOLDBERG, MARVIN H  
 107 PLANTERS ROW W  
 PONTE VEDRA BEACH FL 32082**

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. **\$600,000.00**

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 # **P94000069439**  
 NAME **MARSGOLD, INC.**  
 STREET ADDRESS **107 PLANTERS ROW W**  
 CITY - ST - ZIP **PONTE VEDRA BEACH FL 32082**

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**588003289585-1**  
 -06/14/00--01100--013  
 \*\*\*26.00 \*\*\*526.25  
**FILED**  
 SECRETARY OF STATE  
 PALM BEACH, FLORIDA  
 MAY -5, PM 2:00

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 of Goldberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**050100** **904 273 8887**  
 Date Daytime Phone #

16961 11/9/99