

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011526 AF

DOCUMENT # **A96000000905**

1. Entity Name

**DOUBLE EAGLE OFFICE BUILDING LIMITED PARTNERSHIP**

**FILED**

**01 APR 10 AM 9:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State	
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
<b>59-3391380</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>GOLDBERG, MARVIN H 107 PLANTERS ROW W PONTE VEDRA BEACH FL 32082</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.	<b>\$600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P94000069439</b>	STREET ADDRESS	
NAME	<b>MARSGOLD, INC.</b>	CITY-ST-ZIP	<b>000004014170--7</b>
STREET ADDRESS	<b>107 PLANTERS ROW W</b>		<b>-04/17/01--01101--025</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>		<b>****508.75 ****508.75</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>000004014170--7</b>
STREET ADDRESS			<b>-04/17/01--01101--026</b>
CITY-ST-ZIP			<b>*****17.50 *****17.50</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: **MARVIN H. GOLDBERG**  
*Marsgold Inc by Marvin H. Goldberg* 01/22/01 904-280-1392

CR2E003 (11/00)