


# 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  


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

**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** 59-3391380  
 Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 GOLDBERG, MARVIN H  
 107 PLANTERS ROW W  
 PONTE VEDRA BEACH FL 32082

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000004014170--7 -04/17/01--01101--025 ****508.75 ****508.75
STREET ADDRESS	
CITY-ST-ZIP	000004014170--7 -04/17/01--01101--026 *****17.50 *****17.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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*  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date 01/22/01      Daytime Phone # 904-280-1392

CR2E003 (11/00)