

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

UNIFORM  
A1

DOCUMENT # **A96000000905**

1. Entity Name

**DOUBLE EAGLE OFFICE BUILDING LIMITED PARTNERSHIP**

02 MAR 13 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

107 PLANTERS ROW W  
PONTE VEDRA BEACH FL 32082

Mailing Address

107 PLANTERS ROW W  
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

61724 BROKEN TOP DR  
Suite, Apt. #, etc.

3. Mailing Address

61724 BROKEN TOP DR  
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

~~BEND, OR~~

Zip  
97702

Country  
USA

City & State

~~BEND, OR~~

Zip  
97702

Country  
U.S.A.

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: **WEAVER REALTY GROUP INC.**  
Street Address (P.O. Box Number is Not Acceptable):  
**W. FROST WEAVER, PRES.**  
**7400 BAY MEADOWS WAY STE 100**  
City: **JACKSONVILLE** FL Zip Code: **32256**

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 *X W Frost Weaver*

Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	61724 BROKEN TOP DR.
CITY-ST-ZIP	BEND, OR. 97702
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005134588--4
CITY-ST-ZIP	03/19/02 01059-016 *****508.75 *****508.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005134588--4
CITY-ST-ZIP	-03/19/02--01059--017 *****17.50 *****17.50
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* MARVIN H GOLDBERG-P. 3/7/02 541-388-9015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)