

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (FEB)

A96000001069

FILED

DOCUMENT # A96000001069

1. Entity Name
MO-AN OF FLORIDA LIMITED PARTNERSHIP

02 APR 29 PM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6000 Meadowbrook Mall

3. Mailing Address
PO Box 1670

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 27

City & State
Clemmons, NC

City & State
Clemmons, NC

4. FEI Number
56-1979794

Applied For
Not Applicable

Zip
27012

Country
USA

Zip
27012

Country
USA

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BUTT, JEFFREY D

Street Address (P.O. Box Number is Not Acceptable)
201 E. JACKSON STREET

Suite 2700

City Tampa

FL 33602

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.

DATE

9. Capital Contributions
as Shown on record. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,000.00

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 # P960000054279
NAME Mo-An of Tampa, Inc.
STREET ADDRESS Meadowbrook Mall, Ste 27
CITY-ST-ZIP Clemmons, NC 27012

STREET ADDRESS

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:

Mo-An of Tampa, Inc. by Don G. Angell, Chariman

336-766-5666

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE