2001 UNIFORM BUSINESS REPORT

DOCUMENT # A96000001532

1. Entity Name

HANNINGTON LIMITED PARTNERSHIP

FILED
01 APR 27 PM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
27 FLETCHER AVENUE SARASOTA FL 34237	27 FLETCHER AVENUE SARASOTA FL 34237-6017

2. Principal Place of Business	3. Mailing Address
1901 HANSEN ST.	1901 HANSEN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34231 Country: SARASOTA	Zip: 34231 Country: SARASOTA

4. FEI Number 65-0693943 ☐ Applied For ☐ Not Applicable

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
STRASCHNOV, GEORGE J 27 FLETCHER AVENUE SARASOTA FL 34237	Name: DEMETRIA KATSIHTIS Street Address (P.O. Box Number is Not Acceptable): 1901 HANSEN ST. City: SARASOTA FL Zip Code: 34231

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: DEMETRIA KATSIHTIS Demetria Katsihtis 4/26/01

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. $1,000.00

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	L96000000851 HUBCO, L.C. 27 FLETCHER AVENUE SARASOTA FL 34237	STREET ADDRESS / CITY-ST-ZIP	300004193863--7 -05/10/01--01104--014 ****141.25 ****141.25
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DOCUMENT # / NAME / 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: LAWRENCE S. COHEN REQUIRED 4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #