2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001562

1. Entity Name

CULVERHOUSE INVESTMENT PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

Principal Place of Business	Mailing Address
3903 NORTHDALE BLVD.. #140-E TAMPA FL 33624	3903 NORTHDALE BLVD.. #140-E TAMPA FL 33629-8171

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PMB #253 3225 S.MacDill Avenue	PMB#253 3225 S.MacDill Avenue
Suite, Apt. #, etc. Suite 129	Suite, Apt. #, etc. Suite 129
City & State Tampa, Florida	City & State Tampa, Florida
Zip: 33629-8171 Country: USA	Zip: 33629-8171 Country: USA

4. FEI Number 59-3395046 ☐ 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
BRYN, MARK J TWO SOUTH BISCAYNE BLVD., SUITE 3599 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$7,500,000.00		

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	P96000068298 HFC GENERAL PARTNER, INC. 3903 NORTHDALE BLVD., #140-E TAMPA FL 33624	STREET ADDRESS CITY-ST-ZIP	PMB #253, 3225 S.MacDill Avenue, Suite129 Tampa, Florida 33629-8171
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: SIGNATURE REQUIRED Mark J.Bryn 4/17/00 (305) 374-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

000013864 AF

16676/1100 - EO