2001 UNIFORM BUSINESS REPORT (UBR)

0013929 AF

DOCUMENT # A96000001562

1. Entity Name

CULVERHOUSE INVESTMENT PROPERTIES, LTD.

FILED
01 APR 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3225 S. MACDILL AVENUE. PMB #253 SUITE 129 TAMPA FL 33629-8171	3225 S. MACDILL AVENUE. PMB #253 SUITE 129 TAMPA FL 33629-8171

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 59-3395046 — 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) Suite 2680 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 ______________________________
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. $7,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. $6,876,334	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 #	P96000068298	STREET ADDRESS	
NAME	HFC GENERAL PARTNER, INC.		
STREET ADDRESS	3225 S. MACDILL AVENUE, PMB #253, STE. 129		
CITY-ST-ZIP	TAMPA FL 33629-8171	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	200004211462--7
NAME			-05/11/01--01054--021
STREET ADDRESS			****526.25 ****526.25
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (11/00)

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 Scott Lynch 4/25/01 (813) 805-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #