| DOCUMENT # A9600001601 1. Entity Name | | | | | | | - '0/ |
|--|--------------|------------------------------------|-------|--|---------------------------------------|-------------------------------------|----------------------------|
| DECADE GULFCOAST OFFICE PARTNERS LIMITED PARTNER | | | | | FILE | | |
| Principal Place of Business | | Mailing Address 01 | | | 14N 16 | PM 8: 57 | () |
| 250 PATRICK BLVD SUITE 140 BROOKFIELD WI 53045-5864 | | _ | | SECRETARY O | F STATE , FLORIDA | Nain arnan niba anne annan nun eare | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN | THIS SPACE |
| City & State | | City & State | | | 4. FEI Number | 59-3399884 | Applied For Not Applicable |
| Zip | Country | Zip | Cour | ntry | 5. Certificate of | | Fee Required |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and Ad | dress of New Registe | ered Agent |
| FLORIDA LAWDOCK, INC. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 222 LAKVIEW AVENUI | | Street Address (| | (P.O. Box Number is | s Not Acceptable) | | |
| WEST PALM BEACH FL 33402-3188 | | | | | | | |
| | | | | 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 | | | | | | | |
| Capital Contributions as Shown on record. | \$750,000.00 | 10. Amount of Cap in FLORIDA to | | butions 522,0 | 000 | | ABLE TO DEPT. OF STATE |
| 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 # H34627 | | | | ADDRESS CHANGES | SOINLY | | |
| J K INVESTMENTS OF CLEARWATER, INC. | | | | ET ADDRESS | · · · · · · · · · · · · · · · · · · · | | |
| STREET ADDRESS CITY-ST-ZIP CLEARWATER BEACH FL 33767-2503 | | | | -ST-ZIP | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | 3000035766937. -01/26/0101063017 | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY- | -ST-ZIP | | ****526.7 | 25 ****526.25 |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | C!TY- | -ST-ZIP | | | |
| DOCUMENT # NAME STREET ADDRESS | | | STREI | ET ADDRESS | | W | |
| CITY-ST-ZIP | | | CITY- | -ST-ZIP | | | |
| OOCUMENT # NAME STREET ADDRESS | • | • | STREE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | | -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: By: 1/8/01 262-792-9200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date Date Description Prome & | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # Michael Sweet, Secretary of JK Investments of Clearwater, inc. | | | | | | | |