

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002141

1. Entity Name

METCALF LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2. Principal Place of Business

100 South Orange Avenue

3. Mailing Address

250 West Main Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 310

City & State

Orlando, FL

City & State

Charlottesville, VA

Zip

328011

Country

United States

Zip

22901

Country

United States

4. FEI Number

650-71-9383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUN -4 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

7. Name and Address of New Registered Agent

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

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.

100,000

10. Amount of Capital Contributions  
in FLORIDA to date.

100,000

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 # M 96 000 000 463  
NAME D&R Herndon L.L.C.  
STREET ADDRESS 250 West Main Street, Suite 310  
CITY-ST-ZIP Charlottesville, VA 22901

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

D&R Herndon, LLC, Craig T. Redinger

202-662-4775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (1/100)