


2001 UNIFORM BUSINESS REPORT (UBR)

00015.2 AI

DOCUMENT # A97000000344	
1. Entity Name THREE-TWELVE PARK, LTD.	
Principal Place of Business 3545 US 1 SOUTH ST AUGUSTINE FL 32086	Mailing Address 3545 US 1 SOUTH ST AUGUSTINE FL 32086
2. Principal Place of Business	3. Mailing Address

FILED
01 AUG 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY SEPTEMBER 26, 2001	
City & State	City & State	4. FEI Number 59-3423005	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAILEY, JOHN D JR 780 N. PONCE DE LEON BLVD ST AUGUSTINE FL 32084		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P97000011526 BLESSINGS MANAGEMENT, INC. 3545 US 1 SOUTH ST AUGUSTINE FL 32086	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400004540344--7 -08/17/01--01065--007 *****926.25 *****926.25
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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**

7/19/01 904-797-3328

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

CR2E003 (5/01)