2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000821

1. Entity Name

HUNTINGTON LAKELAND LIMITED PARTNERSHIP

FILED
00 AUG 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5728 MAJOR BLVD., SUITE 309 ORLANDO FL 32819	5728 MAJOR BLVD., SUITE 309 ORLANDO FL 32819-7944

DO NOT WRITE IN THIS SPACE

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 58-2304689 ☐ 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
MARLING, HEIDI J 5728 MAJOR BLVD., SUITE 309 ORLANDO FL 32819	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 3/28 $1,359,509.00

10. Amount of Capital Contributions in FLORIDA to date. 1,359,509.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	CARR, JAMES S 11 DALE LANE MALVERN PA 19355	STREET ADDRESS CITY-ST-ZIP	FF $526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P11982 HEARTLAND GROUP, INC. 701 FIFTH AVENUE, 4650 COLUMBIA CENTER SEATTLE WA 98104	STREET ADDRESS CITY-ST-ZIP	300003378163--1 08/30/00--01082--003 ****526.25 ****526.25
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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: _____ James Reinhardsen Managing Director 3-15-00 (706) 682-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #