

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000889

1. Entity Name

FOREST HILL FAMILY PARTNERSHIP, LTD.

FILED

00 JAN 31 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1825 FOREST HILL BLVD., SUITE 201
WEST PALM BEACH FL 33406

Mailing Address
C/O CHARLES F. MOHAUPT
1825 FOREST HILL BLVD., SUITE 201
WEST PALM BEACH FL 33406-6062

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **62-1726701** Applied For
Not Applicable

Zip Country Zip Country 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

MOHAUPT, CHARLES F
1825 FOREST HILL BLVD., SUITE 201
WEST PALM BEACH FL 33406

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. **\$1,400,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **1,400,000.00** 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 CHARLES F. MOHAUPT, TRUSTEE
STREET ADDRESS 1825 FOREST HILL BLVD., SUITE 201
CITY - ST - ZIP WEST PALM BEACH FL 33406

STREET ADDRESS
CITY - ST - ZIP
200003122242--3
-02/03/00--01043--024
*******526.25 *****526.25**

DOCUMENT #
NAME CAMILLE J. MOHAUPT, TRUSTEE
STREET ADDRESS 1825 FOREST HILL BLVD., SUITE 201
CITY - ST - ZIP WEST PALM BEACH FL 33406

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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: SIGNATURE REQUIRED *CF Mohaupt* 1-20-00 3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)