2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700001350						FILED	T. C
CRABTREE PROPERTIES, LTD.				٩	i	FILED ECRETARY OF STA ISION OF CORPORA	
Principal Place	o of Rusinoss	Mailing Address			nin	MAY -5 PH 1:	33
Principal Place of Business Mailing Address * CRABTREE REAL ESTATE CORPORATION CRABTREE REAL ESTATE CO				PORATION		,,,,,,	
6756 RAMOTH DRIVE 6756 RAMOTH DRIVE							
JACKSONVILLE FL 32226 JACKSONVILLE FL 32226-32					1 13 1 10 1		14(() 46 (4) () 14() () () () 44 () (16 ()
Principal Place of Business 3. Mailing Address				<u> </u>			
2. Finicipal Flace of business 3. Making Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State City & State					4. FEI Number	59-3454807	Applied For Not Applicable
Zip	Country Zip Cou		Cour	ntry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current I	। Registered Agent क्रिक्ट	<u> </u> 	F-7	7. Name and	Address of New Register	
	₩,		Name Walter L. Johnston				
COLEMAN, C. RANDOLPH				-Street: Address (P.O. Box Number is Not Acceptable)			
- 9250 BAYMEADOWS ROAD, SUITE 230 - JACKSONVILLE FL 32256				1 + 10			
				City	a ve		Zip Code
P. The above	named entity cultmits this statement for	the purpose of changing its	register	ed office or register	red agent or both	<u> </u>	- 32073
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 winted name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature required	d when reinstating)		10/2000
9. Capital Contributions \$47,803.34 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE 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.	P97000054345 CRABTREE REAL ESTATE CORPORATION					ADDRESS CHANGES	ONE
NAME				EET ADORESS			
STREET ADDRESS CITY-ST-ZIP	6756 RAMOTH DRIVE JACKSONVILLE FL 32226		CITY	'-ST-ZIP			
DOCUMENT #	OACHOOHVILLE 1 E GELEG		STRE	EET ADDRESS			334.60
NAME STREET ADDRESS				<u> </u>			
CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT# ====			- سندر STRI – ح	EET ADDRESS	ं × - रहती हैं 1 (J000328	8621-9 -01051-012
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	CITY	'-ST-ZIP		-08/14/80-	-01051012
CITY-ST-ZIP			GITT	-01-24		****423.3	5 ****423.35
DOCUMENT#			STR	EET ADDRESS			
STREET ADDRESS			CITY	'-ST-ZIP			
CHY-SI-ZIP*							
NAME			SIN	EET ADDRESS			
STREET ADDRESS ! CITY-ST-ZIP			CITY	'-ST-ZIP			
INSCUMENT#	V 1 14 4 1		STR	EET ADDRESS			
TREET ADDRESS			CETV	'-ST-ZIP			
CRY-ST-ZIP						A Florida Oral Anna I for the	and for the the information
1. 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							
the receiver of trustee empowered to execute this report as required by Orapter 020, 1 forda distrites							
SIGNATURE: 2-12-00							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #							