

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001754

1. Entity Name

PANAMA CITY SQUARE, LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

3500 EASTERN BLVD.
MONTGOMERY, AL 36116

P. O. BOX 235000
MONTGOMERY, AL 36123-5000

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

72-1390915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. 2,820,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F97000003887
NAME SOUTHEAST LLC MANAGEMENT, INC.
STREET ADDRESS 3500 EASTERN BLVD.
CITY-ST-ZIP MONTGOMERY AL 36116

STREET ADDRESS 800003298538--6
CITY-ST-ZIP 06/21/00--01026--015
*****526.25 *****526.25

DOCUMENT # Amendment filed
NAME Panama City Square, Inc
STREET ADDRESS Same as principal
CITY-ST-ZIP

STREET ADDRESS 3815
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jennifer P. Autrey

4/28/00

334-277-1000

Date

Daytime Phone #

CR2E003 (9/99)