2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002707

1. Entity Name

DENNING PARTNERS, LTD.

FILED
01 MAR -9 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
425 W. NEW ENGLAND AVE.. SUITE 300 WINTER PARK FL 32789	P.O. BOX 350 WINTER PARK FL 32790-0350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
558 W. New England Ave	
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32789 Country: US.	Zip Country

4. FEI Number 59-3601200 ~~59-3303282~~ wrong # 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
BELLOWS, DANIEL B 425 W. NEW ENGLAND AVE., SUITE 300 WINTER PARK FL 32789	Name: Daniel B. Bellows Street Address (P.O. Box Number is Not Acceptable): 558 W. New England Ave Suite 210 City: Winter Park FL Zip Code: 32789

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: Daniel B. Bellows 2/21/01
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00		

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 #	P95000022077	STREET ADDRESS	558 W. New England Ave, Suite 210
NAME	NEW ENGLAND AVE. DEVELOPMENT COMPANY	CITY-ST-ZIP	Winter Park, FL 32789
STREET ADDRESS	425 W. NEW ENGLAND AVE., SUITE 300		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: Daniel B. Bellows 2/21/01 407-644-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #