

2000 UNIFORM BUSINESS REPORT (UBR)

Joe
pay

DOCUMENT # A98000000299

1. Entity Name

E. H. LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 3: 53

Principal Place of Business

7751 BELFORT PARKWAY, SUITE 350
JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 16068
JACKSONVILLE FL 32245-6068



2. Principal Place of Business

10161 CENTURION PARKWAY N.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 190

City & State

JACKSONVILLE, FL

City & State

Zip

32256

Country

Zip

Country

4. FEI Number

59-3489088

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

SIMON, BERT C
GARTNER, BROCK & SIMON
1660 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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.

\$751,000.00

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

DOCUMENT # M99000001084
NAME EAST HAMPTON GP, LLC
STREET ADDRESS 7751 BELFORT PARKWAY, SUITE 350
CITY - ST - ZIP JACKSONVILLE FL 32256

13. ADDRESS CHANGES ONLY

STREET ADDRESS 10161 CENTURION PARKWAY N, SUITE 190
CITY - ST - ZIP JACKSONVILLE, FL 32256

DOCUMENT #
NAME
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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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EDWARD E. BULL

4/26/00

Date

(904) 998-8300

Daytime Phone #