2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000982

1. Entity Name

STOCKYARD PROPERTIES I, LTD.

FILED
00 FEB 11 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209	5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1990314 ☐ 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
~~CARPENTER, ALEXANDER C~~ ~~C/O NOBLE MANAGEMENT COMPANY~~ 5821-C LAKE WORTH ROAD GREENACRES FL 33463 - 3209	Name Alexandra C. Cook, C.P.A. Street Address (P.O. Box Number is Not Acceptable) C/O Noble Properties City FL Zip Code 33463-3209

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 Alexandria C. Cook, C.P.A. DATE 1/28/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $100.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P92000013479 NOBLE MANAGEMENT COMPANY 5821-C LAKE WORTH ROAD GREENACRES FL 33463	STREET ADDRESS CITY-ST-ZIP	400003153384--3
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	-03/01/00--01094--005 ****141.25 ****141.25
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CR2E003 (9/99)

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: A. Cook / A. Cook, Treasurer of Noble management SIGNATURE REQUIRED 1/28/00 (561) 966-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #