

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000001035**1. Entity Name
HALVORSEN/EZON PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
1100 FIFTH AVENUE SOUTH SUITE 401 NAPLES FL 34102	1100 FIFTH AVENUE SOUTH SUITE 401 NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3507525

Applied For

Not Applicable

Zip

Country

Zip

Country

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**EZON FLORIDA, INC.
1100 FIFTH AVENUE SOUTH, #401NAPLES FL
34102 US

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 _____ DATE **02/05/2001**

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. 1,000.0010. Amount of Capital Contributions
in FLORIDA to date. 1,000.00**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	
NAME	HALVORSEN DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1100 FIFTH AVENUE SOUTH, #401		
CITY-ST-ZIP	NAPLES FL 34102		
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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: JEFFREY T. HALVORSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MR 02/05/2001

Date

Daytime Phone #

CR2E003 (11/00)