2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001141

1. Entity Name

HERMANSEN VENTURE PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10: 33

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O BJORNAR K. HERMANSEN 295 HACIENDA DRIVE MERRITT ISLAND FL 32952	C/O BJORNAR K. HERMANSEN 295 HACIENDA DRIVE MERRITT ISLAND FL 32952-6410

2. Principal Place of Business	3. Mailing Address
205 Hacienda Drive	205 Hacienda Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3505207 ☐ 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
NASH, CHARLES IAN 930 SOUTH HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901	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
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$365,000.00	$ 1888046	

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 #	P98000034375	STREET ADDRESS	205 Hacienda Drive
NAME	HERMANSEN FAMILY ENTERPRISES, INC.		
STREET ADDRESS	295 HACIENDA DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	400003286474--2
NAME			
STREET ADDRESS			-06/13/00--01026--008
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #