

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001204

1. Entity Name
TWIN DOLPHINS EQUITY PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 22 PM 3:13



DO NOT WRITE IN THIS SPACE

Principal Place of Business
800 LAUREL OAK DRIVE, SUITE 600
NAPLES FL 34108

Mailing Address
800 LAUREL OAK DRIVE, SUITE 600
NAPLES FL 34108-2705

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0839245
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POULOS-LADEMAN, CARRIE E
800 LAUREL OAK DRIVE, SUITE 600
NAPLES FL 34108

7. Name and Address of New Registered Agent
Name S. Charles Bennett, III
Street Address (P.O. Box Number is Not Acceptable)
800 Laurel Oak Drive, Ste. 600
City Naples FL Zip Code 34108

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]* Rec. 3/21/00
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. \$990.00
10. Amount of Capital Contributions in FLORIDA to date. 990 =
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 #	P98000043249
NAME	EQUITY IV INVESTMENTS & DEVELOPMENT, INC.
STREET ADDRESS	800 LAUREL OAK DRIVE, SUITE 600
CITY - ST - ZIP	NAPLES FL 34108
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	8000003194539-0
CITY - ST - ZIP	-04/04/00--01011--017
STREET ADDRESS	***150.00 ***150.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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: *[Signature]* 3/21/00 941-514-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)