2001 UNIFORM BUSINESS REPORT (UBR)

000198 AF

DOCUMENT # A98000001846

1. Entity Name

BIRCHWOOD ACRES LIMITED PARTNERSHIP

FILED
01 APR 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~20 NORTH ORANGE AVE #1400 ORLANDO FL 32~~	~~20 NORTH ORANGE AVENUE, SUITE 1400 ORLANDO FL~~

2. Principal Place of Business	3. Mailing
4305 NEPTUNE RD	4305 NEPTUNE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. CLOUD FL	City & State: ST. CLOUD FL
Zip: 34769 Country: USA	Zip: 34769 Country: USA

4. FEI Number: 59-3524907 ☐ 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
A.G.C. Co. 200 South Orange Ave., Suite 2300 Orlando, FL 32801	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
S.A. Filed 14,729.975	14,729.975	

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 #	P97000107121	STREET ADDRESS	4305 Neptune Rd.
NAME	THREE E CORPORATION	CITY-ST-ZIP	St. Cloud, FL 34769
STREET ADDRESS	~~[illegible] STREET~~		
CITY-ST-ZIP	~~ORLANDO FL 32804~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600004065236--8
STREET ADDRESS			-04/24/01--01108--007
CITY-ST-ZIP			***2276.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: JAMES LIEBTZ SIGNATURE REQUIRED _____ 3/30/01 407-891-1616

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