## .2000 UNIFORM BUSINESS REPORT (UBR)

## A98000002350 DOCUMENT # 1. Entity Name FILED GREENVILLE PARTNERSHIP, LTD. MAR 23 PM 3: 00 Principal Place of Business Mailing Address SECRETARY OF STATE 2851 REMINGTON GREEN CIRCLE. SUITE D 2851 REMINGTON GREEN CIRCLE, SUITE D TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-3749 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3538194 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITCHELL, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 2851 REMINGTON GREEN CIRCLE, SUITE D TALLAHASSEE FL 32308 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$7,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION P98000086461 DOCUMENT # STREET ADDRESS J. P. LAKE, INC. MANAG 2851 REMINGTON GREEN CIRCLE, SUITE D STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32308 CITY-ST-ZIP DOCUMENT# STREET ADDRESS -04/06/00--01052--013 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 PIP. Lake Inc. G.t. 3/19/00