

2001 UNIFORM BUSINESS REPORT (UBR)

0010121 AF

DOCUMENT # A99000000633

1. Entity Name
MILL LANDING LIMITED PARTNERSHIP


Principal Place of Business
600 CLEVELAND STREET, SUITE 670
CLEARWATER FL 33755

Mailing Address
600 CLEVELAND STREET, SUITE 670
CLEARWATER FL 33755

2. Principal Place of Business
Suite, Apt. #, etc. Suite 460
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. Suite 460
City & State
Zip Country

FILED
01 FEB 26 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3572198 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLA, INC
390 NORTH ORANGE AVE., SUITE 1100
CLEARWATER FL 32801

7. Name and Address of New Registered Agent
Name Elise K. Winters
Street Address (P.O. Box Number is Not Acceptable) 600 Cleveland St.
Suite 940
City Clearwater FL Zip Code 33755

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]
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. \$50.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P99000033236	STREET ADDRESS	<u>Suite 460</u>
NAME	MILL LANDING GENERAL CORP.	CITY-ST-ZIP	
STREET ADDRESS	600 CLEVELAND STREET, SUITE 990		
CITY-ST-ZIP	CLEARWATER FL 33755		
DOCUMENT #		STREET ADDRESS	<u>500003790515</u>
NAME		CITY-ST-ZIP	<u>-03/01/01--01009--011</u>
STREET ADDRESS			<u>***141.25 ***141.25</u>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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] 1-19-01 727-449-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(001/11) 0302E0003