

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 99000000708

1. Entity Name
Neptune Henderson LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

Principal Place of Business
*3914 W. Neptune St.
Tampa, Florida
-33629-*

Mailing Address
*4922 S. Melrose Ave.
Tampa, Fl. 33629.*

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

3. Mailing Address
120 Baltic Circle
Suite, Apt. #, etc.

City & State

City & State
Tampa Florida

4. FEI Number
59-359 6660

Applied For
☒ Not Applicable

Zip Country

Zip Country
33606 Hillsborough,

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

*Kirk D. Eicholtz
3001 N. Rocky Point Drive East
Suite 200
Tampa, Fl. 33607*

Name
Joel W. Brewer

Street Address (P.O. Box Number is Not Acceptable)

120 Baltic Circle

City *Tampa* 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 *Joel W. Brewer*
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: *100%*

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 #
NAME ~~Joel W. Brewer~~
STREET ADDRESS ~~120 Baltic Circle~~
CITY-ST-ZIP ~~Tampa Fl 33606~~

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME *Neptune Henderson Management, L.C.*
STREET ADDRESS *120 Baltic Circle*
CITY-ST-ZIP *Tampa, Fl. 33606*

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: *Joel W. Brewer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)