

2002 UNIFORM BUSINESS REPORT (UBR)

0013069 AT

DOCUMENT # A99000000708

1. Entity Name

NEPTUNE HENDERSON, LTD.

APPROVED
AND
FILED

02 JUN 12 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3914 W. NEPTUNE ST.
TAMPA FL 33629

Mailing Address

120 BALTIC CIRCLE
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3596660

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BREWER, JOEL W
120 BALTIC CIRCLE
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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.

DOCUMENT # L99000002481
NAME NEPTUNE HENDERSON MANAGEMENT, L.C.
STREET ADDRESS 120 BALTIC CIRCLE
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS

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CITY-ST-ZIP

ADDRESS CHANGES ONLY

100005783361--3

-06/17/02--01058--004

*****41.25 *****41.25

41.25-1P

2 11.25-Adm
100 88.75-Adm

800005789998--3

-06/17/02--01058--005

****100.00 ****100.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)