

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000850

1. Entity Name

ELDRIDGE INVESTMENTS LIMITED PARTNERSHIP

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

Principal Place of Business  
550 BILTMORE WAY, STE 810  
CORAL GABLES FL 33134

Mailing Address  
550 BILTMORE WAY, STE 810  
CORAL GABLES FL 33134-5779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

323 Road 4 EU

Suite, Apt. #, etc.

3. Mailing Address

323 Road 4 EU

Suite, Apt. #, etc.

City & State

Meeteetse WY

City & State

Meeteetse WY

Zip

82433

Country

USA

Zip

82433

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, MITCHELL E Grundhauser, John  
C/O DUNWODY WHITE & LONDON, P.A.  
550 BILTMORE WAY, SUITE 810  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Grundhauser, John

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

9. Capital Contributions  
as Shown on record.

\$60,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$9,000,000

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

DOCUMENT # P99000047811  
NAME ELDRIDGE INVESTMENTS, INC.  
STREET ADDRESS 700 CORAL WAY, #9  
CITY - ST - ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS 323 Road 4 EU  
CITY - ST - ZIP Meeteetse, WY 82433

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

8000003283258--8  
-06/09/00--01091--003  
\*\*\*\*526.25 \*\*\*\*526.25

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/19/00

Date

307-868-2661

Daytime Phone #

CF: 003 (U-1)