

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000850

1. Entity Name
ELDREDGE INVESTMENTS LIMITED PARTNERSHIP



FILED

03 DEC 12 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
323 ROAD 4EU
MEETEETSE WY 82433

Mailing Address
323 ROAD 4EU
MEETEETSE WY 82433

2. Principal Place of Business
2044 State Street

3. Mailing Address
P.O. Box 159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
Meeteetse WY

City & State
Meeteetse WY

4. FEI Number 65-0916261

Applied For
Not Applicable

Zip Country
82433 USA

Zip Country
82433

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

GRUNDHAUSER, JOHN
C/O DUNWODY WHITE & LONDON, P.A.
550 BILTMORE WAY, SUITE 810
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$60,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P99000047811
NAME ELDREDGE INVESTMENTS, INC.
STREET ADDRESS 323 ROAD 4EU 2044 State Street
CITY-ST-ZIP MEETEETSE WY 82433

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

for Eldredge Investments, Inc.

Thomas H. Eldredge, Pres. 12/8/03 307-868-2145

Date

Daytime Phone #

CR2E003 (4/03)

REINSTATEMENT 2003