UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000894

1. Entity Name

LAKE GRIFFIN ESTATES-CASSELBERRY LIMITED PARTNER

FILED

00 AUG -4 PM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JAMES K. GRIFFIN. JR. 1401 EAST BROWARD BLVD.. SUITE 302 FT. LAUDERDALE FL 33301	C/O JAMES K. GRIFFIN. JR. 1401 EAST BROWARD BLVD.. SUITE 302 FT. LAUDERDALE FL 33301-2116

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1400
City & State	City & State Encino, CA
Zip / Country	Zip 91436 / Country USA

4. FEI Number 95-4746542 ☐ Applied For ☐ Not Applicable

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
GRIFFIN, JAMES K JR. VICTORIA PARK CENTRE 1401 EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301	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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
$100.00	$829,672	

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 / STREET ADDRESS / CITY-ST-ZIP	L98000003194 FL MSII/SEPII GP, L.C. 1401 EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301	STREET ADDRESS CITY-ST-ZIP	16133 Ventura BL., #1400 Encino, CA 91436
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600003354116--4 -08/11/00--01086--012 ****526.00 ****525.50
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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: ~~See Signature Block~~ 4/25/00 818 385-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #