

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001069

1. Entity Name

TWO RIVERS PARTNERS, L.L.L.P.

FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
220 22nd STREET N.E. 220 22nd STREET N.E.
BRADENTON, FL 34208 BRADENTON, FL 34208

2. Principal Place of Business 3. Mailing Address
240 S. Pineapple Avenue P.O. BOX 49948
Suite, Apt. #, etc. Suite, Apt. #, etc.
10th FLOOR

City & State City & State
SARASOTA, FL SARASOTA, FL

Zip Country Zip Country
34236 US 34230 US

4. FEI Number Applied For
65-0932659 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent
GADE, ARUN
220 22nd STREET N.E.
BRADENTON, FL 34208

7. Name and Address of New Registered Agent
Name
EDWARD L. KALIN
Street Address (P.O. Box Number is Not Acceptable)
5252 S. TAMTAMI TRAIL
City SARASOTA, FL Zip Code 34231

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 Edward L. Kalin Edward L. Kalin, Registered Agent DATE 4/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: \$168,000.00 10. Amount of Capital Contributions in FLORIDA to date: \$168,000.00 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	STREET ADDRESS	STREET ADDRESS	
		CITY-ST-ZIP	CITY-ST-ZIP	
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		CITY-ST-ZIP	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: Edward L. Kalin Edward Kalin Vice President 4/16/01 (941) 366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)