

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002250

1. Entity Name  
**CELTIC TIGER PARTNERSHIP, LTD.**

**FILED**  
**00 MAY -4 PM 4:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**209 W RIDGEWOOD CT**      **209 W. RIDGEWOOD CT**  
~~CELTIC~~

2. Principal Place of Business      3. Mailing Address  
**209 W. RIDGEWOOD CT**      **209 W. RIDGEWOOD CT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**LONGWOOD FL**      **LONGWOOD FL**  
 Zip      Country      Zip      Country  
**32779-3311**      **FLORIDA**      **32779-3311**      **FLORIDA**

4. FEI Number      Applied For  
**59-3614740**      Not Applicable  
 5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARRY, STEPHEN T**  
**209 W. RIDGEWOOD CT**  
**LONGWOOD, FL. 32779-3311**

7. Name and Address of New Registered Agent  
 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, printed, or stamped name of registered agent, 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**

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>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: **DIAMOND LK PROPERTIES, LLC**      4-30-00      407-774-1005  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)