

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B00000000225**

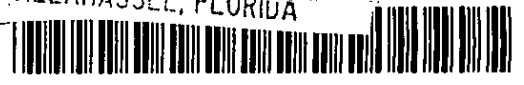
1. Entity Name  
**SHEPHERD PARTNERS LIMITED PARTNERSHIP**

Principal Place of Business  
**33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755**

Mailing Address  
**33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3655318**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARION, BRANDON L  
33 NORTH GARDEN AVENUE, SUITE 750  
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent  
Name **Ronald J. Pollack**  
Street Address (P.O. Box Number is Not Acceptable)  
**33 N. Garden Ave. #750**  
City **Clearwater** FL Zip Code **33755**

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 DATE **2/5/01**  
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. **\$3,361,825.00**

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

DOCUMENT #	<b>B96000000008</b>
NAME	<b>BULLDOG CAPITAL MANAGEMENT LIMITED PARTNERSHIP</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE, SUITE 750</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000003961190-0</b>
CITY-ST-ZIP	<b>-04/05/01--01081--015</b>
STREET ADDRESS	<b>*****526.25 *****526.25</b>
CITY-ST-ZIP	
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: **2/5/01** **727-298-5406**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)