

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000091

1. Entity Name

BULLDOG INVESTMENT PARTNERS LIMITED PARTNERSHIP

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
33 NORTH GARDEN AVENUE, SUITE 750
CLEARWATER FL 33755-6615

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-3165857

Applied For
Not Applicable

Zip Country Zip Country

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

POLLACK, RONALD J
33 NORTH GARDEN AVENUE, SUITE 750
CLEARWATER FL 33755

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. \$20,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # B96000000008
NAME BULLDOG CAPITAL MANAGEMENT, LIMTD PRTRNSHP
STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 750
CITY - ST - ZIP CLEARWATER FL 33755

STREET ADDRESS
CITY - ST - ZIP 600003286786--7
-06/13/00--01036--005
****526.25 ****526.25

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00

Date

727-298-5413

Daytime Phone #

6/10/00 12:00