

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000340

1. Entity Name

EIC-JACKSONVILLE, L.P.-LTD.

FILED

00 JAN 24 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

111 E. WAYNE ST., SUITE 500
FORT WAYNE IN 46802

Mailing Address

111 E. WAYNE ST., SUITE 500
FORT WAYNE IN 46802-2603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1927025

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

SCHEU, WILLIAM E

200 WEST FORSYTH STREET, SUITE 1600
JACKSONVILLE FL 32202

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.

\$1,000.00

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 # B97000000694
NAME EIG FL, LIMITED PARTNERSHIP
STREET ADDRESS 111 E. WAYNE ST., SUITE 500
CITY - ST - ZIP FORT WAYNE IN 46802

STREET ADDRESS

CITY - ST - ZIP

400003118154--4
-02/01/00--01057--018
****150.00 ****150.00

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

EIC-Jacksonville, L.P.-LTD., by EIG FL, Limited Partnership, its
General Partner, by EIG Florida, L.L.C., its General Partner, by:

SIGNATURE:

SIGNATURE *Todd M. Jacobs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Secretary
Treasurer

Date

Daytime Phone #

1/13/00 (219)426-4704