2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000031

FILED

01 FEB 26 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
OAKMONT 66 LIMITED PARTNERSHIP

Principal Place of Business
4605 VILLAGE CENTER DR.
PALM HARBOR, FL 34685

Mailing Address
200 WEST MADISON ST.
25TH FLOOR
CHICAGO, IL 60606

2. Principal Place of Business
36330 US HWY 19 N
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR, FLORIDA
Zip 34684 Country US

City & State
Zip Country

4. FEI Number
36-4049497
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number s 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

9. Capital Contributions as Shown on record $1,073,453.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	384080 LANSBROOK DEVELOPMENT CORPORATION 4605 VILLAGE CENTER DRIVE PALM HARBOR, FL 34685	STREET ADDRESS CITY-ST-ZIP	36330 US HWY 19 N PALM HARBOR, FL 34684
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CR2E003 (11/00)

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 recipient is authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Glen Miller, Vice President, 1/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #