

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000023

1. Entity Name

BACON FAMILY PARTNERS L.P. LIMITED PARTNERSHIP

Principal Place of Business

5455 DTC PARKWAY, SUITE 1025
ENGLEWOOD CO 80111

Mailing Address

P.O. BOX 2162
CINNAMINSON NJ 08077-5162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3346915

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

MORRIS, WILLIAM G ESQUIRE
247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 33937

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 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.

\$850,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 #
NAME BACON, BARBARA R
STREET ADDRESS 1012 FORKLANDING ROAD
CITY - ST - ZIP CINNAMINSON NJ 08077

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

7000003174207--8
-03/17/00--01056--002
****150.00 ****150.00

STREET ADDRESS

CITY - ST - ZIP

1/31/00

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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)(f), 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:

Barbara R Bacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/17/00

Date

856-829-2764

Daytime Phone #

CR2E003 (9/99)