2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR -3 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mj 4/13

DOCUMENT # B96000000086

1. Entity Name

FOUNDING PARTNERS MULTI-STRATEGY FUND, LIMITED P

Principal Place of Business	Mailing Address
~~801~~ LAUREL OAK DRIVE. SUITE ~~620~~ NAPLES FL 34108-2707	~~801~~ LAUREL OAK DRIVE. SUITE ~~620~~ NAPLES FL 34108-2707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
800 LAUREL OAK DRIVE		SAME AS BOX 2	
Suite, Apt. #, etc. SUITE 203		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State	
Zip 34108	Country USA	Zip	Country

4. FEI Number NOT APPLICABLE — Applied For / Not Applicable

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
NATIONAL CORPORATE RESEARCH, LTD. 1406 HAYS STREET - SUITE #2 TALLAHASSEE FL 32301	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. $15,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. $ 341,629	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	P94000011946 FOUNDING PARTNERS CAPITAL MANAGEMENT CO. 801 LAUREL OAK DRIVE, SUITE 620 NAPLES FL 34108-2707	STREET ADDRESS CITY-ST-ZIP	800 LAUREL OAK DRIVE SUITE 203 NAPLES FL 34108
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	~~300003215018--9~~ -04/19/00--01089--013 ~~****526.25 ****526.25~~
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CR2E003 (9/99)

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

WILLIAM L. GUNLICKS

SIGNATURE: ~~SIGNATURE REQUIRED~~ 3-30-00 941-514-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #