

2001 UNIFORM BUSINESS REPORT (UBR)

0015462 AF

DOCUMENT # B96000000153

1. Entity Name

FLORIDA HOMESTEAD LIMITED PARTNERSHIP

Principal Place of Business
380 UNION STREET
WEST SPRINGFIELD MA 01089

Mailing Address
380 UNION STREET
WEST SPRINGFIELD MA 01089

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3313156

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

\$8,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$8,500,000.00

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 # F96000002275
NAME NEPSA 1996 PROPERTY INVESTORS, INC.
STREET ADDRESS 380 UNION STREET
CITY-ST-ZIP WEST SPRINGFIELD MA 01089

STREET ADDRESS
CITY-ST-ZIP 000003889950--6
-03/21/01--01037--008
2670.00 *526.25

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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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/01

(413) 781-0734 x 322

Date

Daytime Phone #

CR2E003 (11/00)

526.25
2/1

FILED
01 JAN 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE