

2001 UNIFORM BUSINESS REPORT (UBR)

0016028 AF

DOCUMENT # B96000000340

1. Entity Name

ORANGE PINE LIMITED PARTNERSHIP

Principal Place of Business

17 WEST PENNSYLVANIA AVE., SUITE 500
TOWSON MD 21204

Mailing Address

17 WEST PENNSYLVANIA AVENUE, SUITE 500
ATTN: BILL KINNEAR
TOWSON MD 21204

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

52-1991566

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

RYAN, JEAN A ESQ.
C/O BOND, SCHOENECK & KING, P.A.
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 34102-7098

Name

Street Address (P.O. Box Number is Not Acceptable)

4001 Tamiami Trail Suite 404
City Naples FL Zip Code 34103

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.

\$534,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

534,000.00

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 # F96000004447
NAME ORANGE PINE, INC.
STREET ADDRESS 17 WEST PENNSYLVANIA AVE., SUITE 500
CITY-ST-ZIP TOWSON MD 21204

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Orange Pine Inc GA
WILLIAM H KINNEAR JR
William H Kinnear Jr

Date

Daytime Phone #

FILED
01 MAR 21 AM 10:52
SECRETARY OF STATE
TALLAHASSEE FL 32311



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)