

2001 UNIFORM BUSINESS REPORT (UBR)

0010130 AF

DOCUMENT # B97000000183

1. Entity Name

DANCING BEAR PARTNERS LIMITED PARTNERSHIP

Principal Place of Business

**33 NORTH GARDEN AVE., SUITE 750
CLEARWATER FL 34614**

Mailing Address

**33 NORTH GARDEN AVE., SUITE 750
CLEARWATER FL 34614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 FEB 16 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3431325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARION, BRANDON L
33 NORTH GARDEN AVE., SUITE 750
CLEARWATER FL 34614**

7. Name and Address of New Registered Agent

Name **Ronald J. Pollack**
Street Address (P.O. Box Number is Not Acceptable)
33 N. Garden Ave., #750
City **Clearwater** FL Zip Code **33755**

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)

2/5/01

DATE

9. Capital Contributions as Shown on record.

\$200,000,000.00

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 # **B96000000008**
NAME **BULLDOG CAPITAL MANAGEMENT LIMITED PTRNSHP**
STREET ADDRESS **33 NORTH GARDEN AVE., SUITE 750**
CITY-ST-ZIP **CLEARWATER FL 34614**

STREET ADDRESS
CITY-ST-ZIP
200003748242-7
-02/22/01--0118--004
******526.25 ****526.25**

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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

2/5/01

Date

727-298-5406

Daytime Phone #

CR2E003 (11/00)