

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B97000000197

1. Entity Name

NORTHLAND PLANTATION CLUB PORTFOLIO L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 3:45

DO NOT WRITE IN THIS SPACE

500017913545
06/30/03--01018--011 **262.50

2. Principal Place of Business

c/o Northland Investment Cor

Suite, Apt. #, etc.

2150 Washington St

City & State

Newton, MA

Zip

02462

Country

USA

3. Mailing Address

c/o Northland Investment Cor

Suite, Apt. #, etc.

2150 Washington Street

City & State

Newton, MA

Zip

02642

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

04-3364202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CSC

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St

City

Tallahassee

FL

Zip Code

32301-2525

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$1,650,000

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #

F97000000196

NAME

Northland Plantation Club Partners LP

STREET ADDRESS

2150 Washington St

CITY-ST-ZIP

Newton, MA 02462

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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)(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 560, Florida Statutes

SIGNATURE: BY:

Robert S. Baxton, President

Date

Daytime Phone #

617-965-7100

CR2E003B (12/02)

STAPLE CHECK HERE