

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

DOCUMENT # **B97000000491** ✓

1. Entity Name

National RE/Sources Carrollwood, L.P.

FILED

02 MAY 16 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

485 West Putnam Ave.

Suite, Apt. #, etc.

3. Mailing Address

96 AEW Capital Management

Suite, Apt. #, etc.

Two Seaport Lane

City & State:

Greenwich, CT

City & State:

Boston, MA

4. FEI Number

65-0776793

Applied For

Not Applicable

Zip

06830

Country

USA

Zip

02210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

City

Plantation

State

FL

Zip Code

33324

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.

DATE

9. Capital Contributions
as Shown on record.

6,905,250.00

Amount of Capital Contributions
in FLORIDA to date.

8,353,628

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

NRE Financial Holdings, LLC

485 West Putnam Ave. MA 01000

Greenwich, CT 06830

STREET ADDRESS

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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:

McCall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02

Date

617-261-9273

Daytime Phone

STAPLE CHECK HERE

CR2E03B (12/01)