

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT**

B97000000528

DOCUMENT # B97000000528

1. Entity Name

EAGLE SHOALS, LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

EAGLES POINT APTS

3. Mailing Address

EAGLES POINT APTS

Suite, Apt. #, etc.

15501 BRUCE B. DOWNS BLVD.

Suite, Apt. #, etc.

15501 BRUCE B. DOWNS BLVD.

City & State

TAMPA, FL 3

City & State

TAMPA, FL

Zip

33047

Country

USA

Zip

33047

Country

USA

4. FEI Number

95-4654125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PARACORP

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

236 EAST 6TH AVENUE

City

TALLAHASSEE

FL

Zip Code

32303

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.

\$990.00

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

DOCUMENT #

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NAME

17950 SHOALS, INC.

STREET ADDRESS

11700 WILSHIRE BLVD. SUITE 1450

CITY-ST-ZIP

LOS ANGELES, CA 90025

STREET ADDRESS

CITY-ST-ZIP

52.50-4p

DOCUMENT #

F9700000 5249

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

88.75 -Adm

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BR

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]

3.15.02

310.268.8344

CR2E003B (12/01)

STAPLE CHECK HERE