2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000162

1. Entity Name

DUNN'S TAX EXEMPT FUTURES FUND, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 17 PM 1:25

Principal Place of Business	Mailing Address
RIVER ONE OFFICE PLAZA	RIVER ONE OFFICE PLAZA
309 EAST OSCEOLA STREET. #208	309 EAST OSCEOLA STREET. #208
STUART FL 34994	STUART FL 34994

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0816261 — 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
COMO, ALLEN	Name
RIVER ONE OFFICE PLAZA	Street Address (P.O. Box Number is Not Acceptable)
309 EAST OSCEOLA STREET, #208	
STUART FL 34994	City FL Zip Code

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$999,000,000.00		

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 # P02291 NAME DUNN CAPITAL MANAGEMENT, INC. STREET ADDRESS 309 E. OSCEOLA STREET, #208 CITY-ST-ZIP STUART FL 34994	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 100003334941--5 07/25/00--01043--020 ****526.25 ****526.25
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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: SIGNATURE DECLARED Adams 7/7/00 561-286-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #