

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 16 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000175

1. Entity Name

Old Hyde Park Properties Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Madison Marquette

3. Mailing Address

PO Box 3244

Suite 100, Realty Services, LP
7 West 7th Street, #1600

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Cincinnati, OH

City & State

Tampa, FL 33601-3244

4. FEI Number

31-1591175

Applied For

Not Applicable

Zip

45202

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

33324

**DO NOT WRITE
IN THIS SPACE**

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.

\$16,000,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$17,600,000

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 # F98000001664
NAME MRP Development OHP, Inc.
STREET ADDRESS 7 West 7th Street, Suite 1620
CITY-ST-ZIP Cincinnati, OH 45202

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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IN THIS SPACE**

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****526.25 ****526.25

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]

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

REGISTERED PHONE #

4-15-02 813-251-3500

CR2E003B (12/01)

STAPLE CHECK HERE