## **2000 UNIFORM BUSINESS REPORT (UBR)** B98000000184 DOCUMENT # FILED 1. Entity Name FLORVEST EIGHT, LIMITED PARTNERSHIP 00 JAN 18 AM11: 23 SECRETARY OF STATE' TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address ATTN: BECKY FINCH ATTN: BECKY FINCH 1051-H JOHNNIE DODDS BLVD 1051-H JOHNNIE DODDS BLVD MT. PLEASANT SC 29464 MT. PLEASANT SC 29464-3100 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-2383572 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT# F97000000224 STREET ADDRESS ESD PROPERTIES, INC. 1051-H JOHNNIE DODDS BLVD. STREET ADORESS CITY-ST-ZIP MT. PLEASANT SC 29464 CITY-ST-ZIP <del>600003107136</del>--2 -01/24/00--01003--015 \*\*\*\*141.25 \*\*\*\*141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-782 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 620, Florida Statutes John H. Disher Vice President

ÁTURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: