

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # B98000000612

1. Entity Name
NORTHSHORE HAMMOCK, L.P.

Principal Place of Business
9 MADEIRA COURT
PALM COAST FL 32135

Mailing Address
P.O. BOX 350584
PALM COAST FL 32135

2. Principal Place of Business
5 BLUE HERON LANE
Suite, Apt. #, etc.

3. Mailing Address
5 BLUE HERON LANE
Suite, Apt. #, etc.

City & State
PALM COAST FL

City & State
PALM COAST FL

Zip Country
32137

Zip Country
32137

4. FEI Number
59-3536405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE 05/01/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 29,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 11,059,000.00

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
	NORTHSHORE GP, LLC	P.O. BOX 350584	PALM COAST FL 32135

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
5 BLUE HERON LANE	PALM COAST FL 32137

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: EDWARD R. GINN

MCRM 05/01/2000