

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM  
Secretary of State

DOCUMENT # **B99000000043**

1. Entity Name

NORTHSHORE OCEAN HAMMOCK INVESTMENT, L.P.

Principal Place of Business

12 PALM HARBOR OFFICE PARK DRIVE, UNIT B

PALM COAST

32132

FL

Mailing Address

12 PALM HARBOR OFFICE PARK DRIVE, UNIT B

PALM COAST

32132

FL

2. Principal Place of Business

5 BLUE HERON LANE

3. Mailing Address

5 BLUE HERON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM COAST

FL

City & State

PALM COAST

FL

Zip

32137

Country

Zip

32137

Country

4. FEI Number

59-3554627

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

DATE

9. Capital Contributions

as Shown on record. 10,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 10,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

HAMMOCK GP, LLC

12 PALM HARBOR OFFICE PARK DRIVE, UNIT B

PALM COAST

FL

32132

STREET ADDRESS

5 BLUE HERON LANE

CITY-ST-ZIP

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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

SIGNATURE: EDWARD B. GINN

MGRM 05/01/2000