

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # B990000000043

1. Entity Name

NORTHSHORE OCEAN HAMMOCK INVESTMENT, LTD, LLP

02 APR -9 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 FLORIDA PARK DRIVE S.

Suite, Apt. #, etc.

SUITE 300

City & State

PALM COAST, FLORIDA

Zip

32137

Country

USA

3. Mailing Address

1 FLORIDA PARK DRIVE S.

Suite, Apt. #, etc.

SUITE 300

City & State

PALM COAST, FLORIDA

Zip

32137

Country

USA

**DUE BY MAY 1**

4. FEI Number

59-3554627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code  
33324

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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. \$10,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$20,000,000.00

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

DOCUMENT # M99000000117  
NAME HAMMOCK GP, LLC  
STREET ADDRESS 1 FLORIDA PARK DRIVE S. #300  
CITY-ST-ZIP PALM COAST, FLORIDA 32137

STREET ADDRESS

CITY-ST-ZIP

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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

EDWARD R. GINN, III, MGR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER

3-26-02

386-446-8446

CR2E003B (12/01)