

2001 UNIFORM BUSINESS REPORT (UBR)

2010103 AF

DOCUMENT # B99000000295

1. Entity Name

GREYHOUND FUND LIMITED PARTNERSHIP

Principal Place of Business

33 NORTH GARDEN AVENUE, SUITE 750
CLEARWATER FL 33755

Mailing Address

33 NORTH GARDEN AVENUE, SUITE 750
CLEARWATER FL 33755

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3588401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARION, BRANDON L

33 NORTH GARDEN AVENUE, SUITE 750
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Ronald J. Pollack

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

33 N. Garden Ave. #750

City

Clearwater

FL

Zip Code

33755

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)

DATE

2/5/01

9. Capital Contributions
as Shown on record.

\$200,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # B99000000008
NAME BULLDOG CAPITAL MANAGEMENT LIMITED PTNRSH
STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 750
CITY-ST-ZIP CLEARWATER FL 33755

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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-02/27/01--01143--021
****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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/5/01

727-298-
5406

CR2E003 (11/00)

FILED
00 FEB 22 PM 9:16

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE