2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)											UVEU un		
DOCUMENT # M9800001397								AND FILED					
1. Entity Name EIG HOLLY HILL, LLC							00 APR 21 AM 10: 30						
								SECRETARY OF STATE					
Principal Place of Business Mailing Address									TALL	AHASS	SEE, FL	ORIDA	
111 E. WAYNE ST., SUITE 500 11				%EIG OPERATING PARTNERSHIP. LP 111 E. WAYNE ST., SUITE 500 FORT WAYNE IN 46802-2603									
PORT WATRE IN 40002 FORT WATRE IN 4000				11 WATEL IN 400022									
2. Principal Place of Business 3				3. Mailing Address				I Idelines un ibrot ibrit geni estit entri entri entri entri centi (est ince					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MNM DO NOT WRITE IN THIS SPACE					
City & State				City & State				4. FEIN	umber	5-205540)3	<u> </u>	oplied For
Žip	Country			Zip Cour				5. Certificate of Status Desired Status Desired Fee Required					ditional
6. Name and Address of Current Registered Agent								7. Name	and Addr	ess of New	Registered	•	
C T CORPORATION SYSTEM						Name					,		
1200 S. PINE ISLAND RD.						Street Ac	ddress (F	P.O. Box N	umber is N	ot Acceptat	ole) 		
PLANTATION FL 33324													
						City		•			F	L Zip Cod	e
8. The above	named entity	submits this statemen	t for the pu	rpose of changing its	register	ed office or	registere	ed agent, o	or both, in t	ne State of I	Florida.		
SIGNATURE .	Signature broad o	or printed name of registered ag	ant and title if a	onlicable (NOT	F Benistere	d Agent signatur	re required	when reinstatin	ng)		DATE		
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9		MANAGING MEI	MBERS/M	_	10.	··· ī				ADDITION	S/CHANGE		
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CITY-81-ZIP TITLE]			☐ Delete	THILL	- \$T-ZIP E			<u> </u>			(Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	,					E ET ADDRESS - ST- ZIP							
11. I hereby of	l on this report	e information supplied to tis true and accurate any or the receiver or true	and that mu	reinnatura ehali have	the came	alenal effer	∿t ac it m	ade under	nath that	iam a man	s. I further c laging mem	ertify that the i ber or manage	nformation er of the
	(44	sor general of	las	THE							\ C	כש (טוב	6-4704
SIGNAT	UKE: _	SIGNATURE AND PIPED OR	PRINTED NAM	E OF SIGNING MANAGING	MEMBER (OR MANAGER	<u> </u>			Date	<u> </u>	Daytime Phone #	<u>~ ¬ ı</u> ~