FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062901

1. Entity Name

Midland Special Limited Partner, Inc.

FILED

03 JUN 26 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
33 N. Garden Avenue	218 N. Charles Street
Suite, Apt. #, etc.: 1200	Suite, Apt. #, etc.: Suite 500
City & State: Clearwater, FL.	City & State: Baltimore. MD
Zip: 33755 Country: Pinellas	Zip: 21201 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3654883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert J. Banks

Street Address (P.O. Box Number is Not Acceptable): 33 N. Garden Avenue, Suite 1200

City: Clearwater FL Zip Code: 33756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 800021158998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC/Robert J. Banks 33 N. Garden Avenue, Suite 1200 Clearwater, FL. 33756	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS/Keith J. Gloeckl 33 N. Garden Avenue, Suite 1200 Clearwater, FL. 33756	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP/Don R. Reynolds 33 N. Garden Avenue, Suite 1200 Clearwater, FL33756	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/Thomas Vandegrift 33 N. Garden Avenue, Suite 1200 Clearwater, FL. 33756i	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/Mark Joseph 218 N. Charles Street, Suite 500 Baltimore, MD 21201	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/Michael Falcone 218 N. Charles Street, Suite 500 Baltimore, MD. 21201	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] THOMAS VANDEGRIFT 6-24-03 727 461-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

Page 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 147066 4306747

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 558.75

ORDER DATE : June 25, 2003

ORDER TIME : 11:06 AM

ORDER NO. : 147066-015

CUSTOMER NO: 4306747

CUSTOMER: Gayle Aiken, Legal Assistant
Honigman Miller Schwartz And
Suite 2290
660 Woodward Avenue
Detroit, MI 48226

RECEIVED
03 JUN 26 AM 11:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MIDLAND SPECIAL LIMITED
PARTNER INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT# 1156

EXAMINER'S INITIALS: _____