

2002 UNIFORM BUSINESS REPORT (UBR)

0006795 AT

DOCUMENT # A08713
 1. Entity Name
SOUTH WIND, LTD.

FILED
 02 FEB 13 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **4401 LAKESIDE DR. #202 JACKSONVILLE FL 32210**
 Mailing Address: **C/O FLORIDA MANAGEMENT ASSOCIATES, INC. P.O. DRAWER 610 MONTICELLO FL 32344-0610**

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2080630	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRYANT, FARRIS 4401 LAKESIDE DR. #202 JACKSONVILLE FL 32210		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	BRYANT, C.FARRIS 4401 LAKESIDE DR. #202 JACKSONVILLE FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	BRYANT, JULIA B. 4401 LAKESIDE DR. #202 JACKSONVILLE FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	500005022415--8 -02/27/02--01001--020 ****150.00 ****150.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: *Janis Bryant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: _____ Daytime Phone #: _____

CR2E003 (9/01)