## APPRUVEU 2000 UNIFORM BUSINESS REPORT (UBR) A18792 DOCUMENT # . Entity Name 00 MAR 20 PM 12: 58 BELAIR GROVES, LIMITED SECRETARY OF STATE TALLAHASSEE FLOWIDA Principal Place of Business Mailing Address P.O. BOX 458 P.O: BOX 450 **TANGERINE FL 32777-0458** TANGERINE FL 32777-0459 3. Mailing Address Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2480495 Not Applicable Zip Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHASE, SYDNEY O III 2850 CLOVERBROOK PLACE LAKE MARY FL 32746 in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contribution 9. Capital Contributions 253,841.80 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS CHASE, SYDNEY O., III, TRUSTEE NAME 2850 CLOVERBROOK PLACE STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 92740 CITY-ST-ZIP DOCUMENT # STREET ADDRESS LASBURY, R. CHASE NAME 22-WEST ROCKWOOD WAY STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-7IP CITY-ST-ZIP -04/04/00--01087--007 DOCUMENT # STREET ADDRESS \*\*\*\*526, 25 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . DOCUMENT# STREET ADDRESS NAME STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP 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

PRINTED NAME OF SIGNING GENERAL PARTNER