2001 UNIFORM BUSINESS REPORT (UBR)

000672 AF

DOCUMENT # A96000001414

1. Entity Name

PROFESSIONAL ARTS PARTNERSHIP, LTD.

FILED
01 APR 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1167 3RD STREET SOUTH. SUITE 101 NAPLES FL 34102	1167 3RD STREET SOUTH. SUITE 101 NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
571 AIRPORT RD. N.	C/O FIBBER McGEE'S CLOSET
Suite, Apt. #, etc.	Suite, Apt. #, etc. 571 AIRPORT RD. N.
City & State NAPLES, FL	City & State NAPLES, FLORIDA
Zip 34104 / Country	Zip 34104 / Country

4. FEI Number 65-0687019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEAF, STEVEN L 1167 3RD STREET SOUTH, SUITE 101 NAPLES FL 34102	Name: SHEAF, STEVEN L. Street Address (P.O. Box Number is Not Acceptable): C/O FIBBER McGEES CLOSET 571 AIRPORT RD. N. City: NAPLES FL Zip Code: 34104

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: STEVEN SHEAF 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$495.00		

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 #	P96000062658	STREET ADDRESS	571 AIRPORT RD N.
NAME	109, INC.	CITY-ST-ZIP	NAPLES, FL 34104
STREET ADDRESS	1167 3RD STREET SOUTH, SUITE 101		
CITY-ST-ZIP	NAPLES FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 REQUIRED STEVEN SHEAF 4/25/01 (941)643-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #