

2000 UNIFORM BUSINESS REPORT (UBR)

Y 11/1/00

DOCUMENT # A97000000237

1. Entity Name
SGI LIMITED PARTNERSHIP

FILED
00 APR 26 AM 9:44

Principal Place of Business
3110 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

Mailing Address
3110 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308-3706

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3426224** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BOYLE, DENNIS
3110 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
Name **Phipps-Ventures, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
3110 Capital Circle NE
City **Tallahassee** FL Zip Code **32308**

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 *By: David Wilder, VP* **DAVID E. WILDER** DATE **4/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,930,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **11,656,931.79**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	P96000054527
NAME	PHIPPS VENTURES, INC.
STREET ADDRESS	3110 CAPITAL CIRCLE, N.E.
CITY - ST - ZIP	TALLAHASSEE FL 32308
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	400003241474--6
CITY - ST - ZIP	-05/05/00--01092--013 ***2276.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	FF \$526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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 20, Florida Statutes.

SIGNATURE: *By: David Wilder, VP* **DAVID E. WILDER, VP** DATE **4/25/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CRZE003 (9/99)