2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)							•	APPROVED	
DOCUMENT # A98000002834 1. Entity Name								AND FILED	
SAMHALL, LTD.							00 A	PR -3 AM 10: 13	
Principal Place of Business 4251 - 42ND AVENUE SOUTH ST. PETERSBURG FL 33711				Mailing Address 4251 - 42ND AVENUE SOUTH ST. PETERSBURG FL 33711-4230			SECA FALLA	SETARY OF STATE SHASSEE, FLORIDA	2007 117
2. Principal Place of Business 3. Mailing				Mailing Address	iling Address		11001011	IBIO IBIO1 10111 00111 30111 00111 00111	80178 JIBBI 10188 18111 DIBI 1 881
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS	
City & State			(City & State			4. FEI Number 59-3547685	APPLIED FOR	Applied For Not Applicable
Zip	Country			Zip Count		try		f Status Desired	\$8.75 Additional Fee Required
	6. Name	and Address of C	urrent Regist	ered Agent	-	Name	7. Name and A	Address of New Registered	Agent
RAHALL, SAM G 4251 - 42ND AVENUE SOUTH						Street Address (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33711						City Zip Code			
						1 -			
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 .	Signature, typed	or printed name of register	ed agent and title i	applicable. (NOTE	: Registere	d Agent signature requ	ired when reinstating)	DATE	
9. Capital Contributions as Shown on record. \$5,000,000.00 In FLORIDA to date					al Contril ate.	intributions # 1,882,071 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A (GENERAL PART	NER THAT	S A BUSINESS ENT	TITY M	UST BE REGI	STERED AND AC	CTIVE WITH THIS OFFICE to change a general par	E. tner.
12. GENERAL PARTNER INFORMATION							· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ON	
DOCUMENT# NAME	RAHALL, SAM G 4251 - 42ND AVENUE SOUTH				STR	EET ADORESS			
STREET ADDRESS				сп		- ST - ZIP	- 11 - 1		
CITY-ST-ZIP DOCUMENT#	ST. PETERSBURG FL 33/11		<u>.</u>	STRE		ET ADDRESS			
NAME STREET ADDRESS	DOMESS				CITY	CITY-ST-ZIP			
CITY-ST-ZIP								0003214 0 -04/19/0001	0 600 020003
NAME STREET ADDRESS	·				STREET ADDRESS		· <u> </u>	****526.25	****526_25
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STREET ADDRESS CITY ST-ZIP					CITY	- ST- ZIP			
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STREET ADDRESS CITY - ST - ZIP					СПУ	-ST-ZIP			
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NAME STREET ADDRESS CITY-ST-ZIP					СПУ	-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 Pariner of the limited partnership									rtify that the information
indicated the receiv	on this repor er or trustee	t is true and accura empowered to exe	ate and that mouth the contract of the contrac	y signature shall have t rt as required by Cbaot	ne same er 620, l	e legal effect as i Florida Statutes	rmade under oath;	inal i am a General Pariner o	une ilimited partnership or