

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000656

1. Entity Name
1505 FIRST STREET, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 24 AM 3:05

Principal Place of Business: 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250
Mailing Address: 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250-6721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3601788		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HOWE, ANDREW M % SIGNET DEVELOPMENT, LTD. 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250				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 (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00	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 #	P99000036586	STREET ADDRESS	
NAME	SIGNET AFFILIATE, INC.	CITY - ST - ZIP	
STREET ADDRESS	424 SOUTH THIRD STREET		
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250		
DOCUMENT #		STREET ADDRESS	400003249874--9
NAME		CITY - ST - ZIP	-05/12/00--01020--008
STREET ADDRESS			***150.00 ***150.00
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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 620, Florida Statutes

SIGNATURE: Kenneth S. KRISMAATH **NOTICE REQUIRED** Date: 4/21/2000 Daytime Phone #: (904) 270-2042