2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02818

1. Entity Name

SYLVAN PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business	Mailing Address
380 S. SR 434 SUITE 1004-114 ALTAMONTE SPRINGS FL 32714	380 S. SR 434 SUITE 1004-114 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
380 S. SR 434	380 S. SR 434
Suite, Apt. #, etc.: SUITE 1004 - #114	Suite, Apt. #, etc.: SUITE 1004 - #114
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32714 Country: SEMINOLE	Zip: 32714 Country: SEMINOLE

4. FEI Number 59-1509079 ☐ 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
DRAKE, T. MICHAEL ~~380 S. SR 434 STE 1004-114~~ 380 S. SR 434 SUITE - #1004-114 ALTAMONTE SPRINGS FL 32714	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: T. Michael Drake — ADDRESS CORRECTION ONLY DATE: 4/27/00

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$36,450.00	36,450	

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 #		STREET ADDRESS	380 S. SR 434, SUITE - #1004-114
NAME	DRAKE, T. MICHAEL	CITY-ST-ZIP	
STREET ADDRESS	380 S. SR 434 STE 1004-114		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		
DOCUMENT #	412002	STREET ADDRESS	
NAME	MCCAMMON, INC.		
STREET ADDRESS	234 RIVER VILLAGE DR.	CITY-ST-ZIP	300003287703--1
CITY-ST-ZIP	DEBARY FL 32713		~~-05/14/00--01005--003~~
DOCUMENT #		STREET ADDRESS	****343.90 ****343.90
NAME			
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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: SIGNATURE REQUIRED — 4/27/00 — 407 682-7079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #