

2001 UNIFORM BUSINESS REPORT (UBR)

0015096 AF

DOCUMENT #	A00000000505
1. Entity Name	
SUNFLOWER SPRINGS, LTD.	

Principal Place of Business	Mailing Address
13630 LINDEN DRIVE SPRING HILL FL 34609	13630 LINDEN DRIVE SPRING HILL FL 34609

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

01 APR 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CRAWFORD, RICHARD H 13630 LINDEN DRIVE SPRING HILL FL 34609				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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE :** _____

9. Capital Contributions as Shown on record.	\$0.00	10. Amount of Capital Contributions in FLORIDA to date.	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 #	A97000002228	STREET ADDRESS	700004213237--6
NAME	HAMPTON FACILITIES, LTD.	CITY-ST-ZIP	-05/11/01--01140--016
STREET ADDRESS	3475 S. SUNCOAST BLVD		***1500.01 ****150.00
CITY-ST-ZIP	HOMOSASSA FL		
DOCUMENT #	L00000000865	STREET ADDRESS	
NAME	SRI OF CITRUS, LLC	CITY-ST-ZIP	
STREET ADDRESS	13630 LINDEN DRIVE		
CITY-ST-ZIP	SPRING HILL FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *Richard H. Crawford* **Richard H. Crawford** **DATE** *4/24/01* **Daytime Phone #** *352-686-4191*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)