2001	UNIF	ORI	A BUSI	NESS R	EPOI	RT (UB	R)				
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VRABLE AND ASSOCIATES, LTD.							F	ILED			()
·~ •	**							3 SO WW.	1: 32		V
Principal Place of Business Mailing Address						C	1; FE)	B SO W.	· • T		
9456 CEDAR RIDGE LANE SARASOTA FL 34238				9456 CEDAR RIDGE LANE SARASOTA FL 34238			SECRE TALLA	TARY OF ST HASSEE, FL	ORIDA III IIII IIII IIIIIIIIIIIIIIIIIIIIII	11/HI 10/HI 11/H F1/	(å) 41610 silel ellat (11) 400
2. Principal Place of Business				3. Mailing Addr						18) 13 13 6 1181 61195 1151 1165	
Suite, Apt. #, etc.				Suite, Apt. #,		1		DO NOT W	RITE IN THIS S	PACE	
City & State				City & State						Applied For Not Applicable	
Zip	(ip Country			Zip	Country	-,	5. Certificate of	of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent						Nave		7. Name and	Address of New	Registered A	gent
MORAN, JOHN A ESQUIRE SUITE 700 1819 MAIN STREET SARASOTA FL 34236						Street Address (P.O. Box Number is Not Acceptable) City SAMSOTA FL Zin Code 738					
SIGNATURE _	agnature, typed or pr	(A)	is statement for Leading to the state of registered agent are 19,600.00	10. Amour	He	egistered Agent sign	ature required		11. MAKE CH	DATE IECK PAYABLE	TO DEPT. OF STATE IS FEE INFORMATION
	A GE NOTE: G	NERAL ieneral	PARTNER THE Partners MA	HAT IS A BUSIN NOT be chang	IESS ENTI ged on the	TY MUST BE form; an am	REGIST	ERED AND At must be filed	CTIVE WITH T I to change a	HIS OFFICE. general part	, ner.
12. GENERAL PARTNE				INFORMATION		13.	ADDRESS CHANGES ONLY				
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STREET ADDRESS	REET ADDRESS 9456 CEDAR RIDGE LANE					CITY-ST-ZIP		8000037688183 -02/26/0101151025			
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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 Chanter 620. Florida Statutes

CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GI

Mr. Stephen R. Vrable 19456 Cedar Ridge Ln. Sarasota, FL 34238

2/16/01

941-9188470