DOCUMENT # A0100000556 1. Entity Name				<u> </u>
SP GREENWOOD LIMITED PARTNERSHIP				.02 AUG 27 PM 4: 55
·	ce of Business	Mailing Address	.	SECRETARIA OF STATES TALLAHASSEE FLORIDA
1911 66H AVE		1911 66H AVENUE WET TOCOMA WA 98466		
2. Principal F	Place of Business DD_US_19 NORTH	3. Mailing Address 25400 US 19	NORTH	
Suite. Apt. #, etc. SUITE 154 Suite, Apt. #, etc. SUITE 154			71071117	DUE BY SEPTEMBER 25, 2002
CLE!	ARWATER FL.	City & State CLEARWATE		4. FEI Number Applied For Not Applicable
33.70	6. Name and Address of Current R	33763 1)5H	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name > 4.				-7. Name and Address of New Registered Agent
CANTU, DAVID O 3000 GULF TO BAY BOULEVARD, SUITE 216			Street Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 33759			25400 US 19 North Swife 152 City CLEARWATER FL ZIBST63	
				· · · · · · · · · · · · · · · · · · ·
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				
9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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 # NAME	P01000041334 SP GREEWOOD GP, INC.		REET ADDRESS 191	1-65th Avenue WEST
STREET ADDRESS CITY-ST-ZIP	I 1911 BEH AVENUE WET		ry-st-zip TA	coma, WA. 96466
DOCUMENT # NAME		ST	REET ADDRESS	(2),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS CITY-ST-ZIP			Y-ST-ZIP	DK ,
DOCUMENT #			REET ADDRESS	
STREET ADDRESS C/TY-ST-ZIP		СІТ	Y-ST-ZIP	
DOCUMENT # NAME		STE	REET ADDRESS	000007579320-021 -03/46/7/ ///44-021
STREET ADDRESS City-St-Zip		CIT	Y-ST-ZIP	**************************************
DOCU TENT # NAME	***	STF	REET ADDRESS	000009401300 12/06/0201062002 **141.25
STREET ADDRESS CITY-ST-ZIP		ст	Y-ST-ZIP	
DOCUMENT #		STR	REET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP			Y-ST-ZIP	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3V(). Florida Statutes I further partie, that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3V(). Florida Statutes I further partie that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3V(). Florida Statutes I further partie that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3V().				
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:

SIDALTIKE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-22-02

Daytime Phone #

R2F003 /4/0

August 22, 2002



Dear Sir:

We did not receive the January mailing of the 2002 Uniform Business Report . The address on the June mailing is incorrect and therefore we would like the late fee waved . Thank you in advance for your consideration in this matter.

Sincerely

Cýnthia Greene

a) Streen

BK