2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIFORI	M BUSIN	ESS REPO	ŔŢ	(UBR)	APPROVE .	
DOCUMENT # A0100001484							FILEL	
PARLAND, LTD.							02 APR -5 AM 9: 23	
TAINAN, CID.					, « c		SECRETARY OF STATE TAULAHASSEE, FUORIDA	
Principal Place of Business Mailing Address 651 DON BISHOP ROAD 651 DON BISHOP ROAD SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 3					,		TATE AHASSEE, FEGILIO	
2. Principal Place of Business 3. Mailing Address					U 1887 DIT 1891 BRANK HIGH BRANK HIGH BRANK BRAN			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\dashv	DUE BY MAY 1, 2002	
City & State			City & State			4	FEI Number 5753838 Applied For Not Applicable	
Zip	ip Country		Zip	Country			5. Certificate of Status Desired	
	6. Name and Addre	ess of Current Regis	stered Agent	-		7	. Name and Address of New Registered Agent	
er realle and rearess of eartern hogister ou Agent					Name			
WILKS, AMELIA D 651 DON BISHOP ROAD SANTA ROSA BEACH FL 32459					Street Address (P.O. Box Number is Not Acceptable)			
					City 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								
Signature, typed or printed name of registered agent and title if applicable.							DATE	
9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital in FLORIDA to dat								
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.	GEN	RAL PARTNER INFO	RMATION	13.			ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	FOUNTAIN INVESTMENTS, INC. 651 DON BISHOP ROAD SANTA ROSA BEACH FL 32459		THE COLUMN TO TH		ET ADDRESS			
CITY-ST-ZIP					CITY-ST-ZIP			
DOCUMENT # NAME				STREE	ET ADDRESS			
STREET ADDRESS City-St-Zip				CITY-	ST-ZiP			
DOCUMENT # NAME				STREE	ET ADDRESS		2000052231824	
STREET ADDRESS CITY-ST-ZIP	SS			CITY-	CITY-ST-ZIP		****141.25 ****141.25	
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STY SET ADDRESS CITY ST-ZIP				CITY-	ST-ZIP			
DOCTMENT # NAME				STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP			
14. Thereby o	ertify that the informatio	n supplied with this fi	ling does not qualify for	the exer	nption stated	d in Section	on 119.07(3)(i), Florida Statutes. I further certify that the information	

14. Thereby 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

Fourtain Trivestments General Partner

SIGNATURE: By GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE