2001	HNIEGDM	<b>BUSINESS</b>	REPORT	HIRRY
<b>2</b> 001	UNIFURM	DO3IME32	REPURI	(UDN)

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DOCUMENT # A08624  1. Entity Name									
SANDPIPER VILLAGE, LTD.					FILED				·
Principal Place of Business Mailing Address				01	FFR 15	AM 11:58	()	ı	
2120 DREW ST. 2120 DREW ST.					DET LOW D	CTATE			
CLEARWATER FL 33765 CLEARWATER FL 33765		SE TAI		ECRETARY OF STATE					
2. Principal Place of Business 3. Mailing Address				I 1880 BELL MENT BRING CHEN GENER CHEN BERN BURN BURN BURN BURN BURN BURN				1001	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Numbe	59-2003680		Applied F Not Appl		
Zip	Country	Zip	Country		5. Certificate	of Status Desired		<b>8.75</b> Additional e Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Ag	ent	
FUNK, RICHARD B.			Street Address (P.O. Box Number is Not Acceptable)						
2120 DREV									
CLEARWA	TER FL 33765			City	FL Zip Code				_
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or regist	ered agent, or both	n, in the State of Flor		<u></u>	
CICHATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  10. Amount of Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE									
9. Capital Contributions as Shown on record.  \$118,010.00  10. Amount of Capital Contributions 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 MA	AY NOT be changed on th	e form	; an amendme	ent must be filed	d to change a ger	neral partn	er.	
12.	GENERAL PARTNE	R INFORMATION	13.	CCT 4000500		ADDRESS CHA	NGES ONLY		-
NAME STREET ADDRESS	J.R.S. EQUITIES, INC. 2120 DREW STREET CLEARWATER FL 33765		SIR	EET ADDRESS	8000037448786 -02/21/0101032018				
CITY-ST-ZIP			CITY	(-ST-ZIP					-6   8
DOCUMENT # NAME	FUNK, RICHARD B		STR	EET ADORESS		****5	26.25	****526.2	25   8
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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 Chapter 620, Florida Statutes									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #									