

2000 UNIFORM BUSINESS REPORT (UBR)

0001536 AF

DOCUMENT # A09696
 1. Entity Name
VENICE GOLDEN CORRAL LIMITED

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB -7 AM 9:49



Principal Place of Business: 427 SOUTH NEW YORK AVENUE, WINTER PARK FL 32789
 Mailing Address: 427 SOUTH NEW YORK AVENUE, WINTER PARK FL 32789-4276

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

4. FEI Number: 59-2064748
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RIFE, JOHN M.
427 SOUTH NEW YORK AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 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: **\$20,000.00**
 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 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 #	RIFE, JOHN M., JR.	STREET ADDRESS	
NAME	724 VIA BELLA	CITY - ST - ZIP	
STREET ADDRESS	WINTER PARK FL		
CITY - ST - ZIP			
DOCUMENT #	MILLER, THOMAS W., III	STREET ADDRESS	
NAME	1001 TEMPLE GROVE	CITY - ST - ZIP	
STREET ADDRESS	WINTER PARK FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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 REQUIRED** (Signature) AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 2-2-2000 Daytime Phone #: 404-628-1230

CR2E003 (9/99)