2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A10922 1. Entity Name AND AND LIMITED PARTNERSHIP					FILED SECRETARY OF STATE	
THETOIT	HILLOCARD CHAILED FAITHER	•••			SECRETARY OF STATE DIVISION OF COMPORATIONS	
Principal Place of Business 1505 SE 40TH ST. CAPE CORAL FL 33904 Mailing Address 1505 SE 40TH ST. CAPE CORAL FL 33904 CAPE CORAL FL 33904-7913				00 FEB 29 AM 10:41		
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State		City & State		-	4. FEI Number 59-2151790 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
FISHED LEIGH M					P.O. Box Number is Not Acceptable)	
1505 SE 40TH ST.				Street Address (i	r.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33904				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. (NOTE: Registered Agent signature required when reinstating) DATE						
9. Capital Contributions \$118,000-00 10. Amount of Capital Contributions 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 STREET ADDRESS	F19590 FOR THE STANDARD STANDA	<u>.</u>		EET ADDRESS	3000031694133 -03/14/0001102005_	
CITY-ST-ZIP	CAPE CORAL FL		CITY	∕-\$T-ZIP 	****526.25 ****526.25	
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NAME STREET ADDRESS CITY-ST-ZIP	·		спу	/-ST-ZIP		
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						

2/23/00 Date