2001	UNIFORM	BUSINESS	REPORT	(UBR)
		· · ·		

DOCUMENT # A11740 1. Entity Name					g se welmon of	}	
ASA, LTD.		en e		FILED			
	·			•	01 MAY -9 AM 1	: 24	
Principal Place of Business Mailing Address				▼ *			
2700 WESTHALL LANE, SUITE 140 2700 WESTHALL LANE, SUITMAITLAND FL 32751 MAITLAND FL 32751		TE 140		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MAITLAND FL 32751 MAITLAND FL 32751					IALLANASSEE, I COMMON		
2. Principal Place of Business 3. Mailing Address					011 01611 01711 01011 25031 1601		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		SPACE		
		<u></u>					
City & Stat	te , .	City & State	City & State		4. FEI Number 59-2157465	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional	
	C. Nows and Address of Court	-A Davistand Ament			7. Name and Address of New Registered	Fee Required	
	6. Name and Address of Curre	nt Registereu Agent		Name	7. Name and Address of New Negistered Agent		
ATKINS, ROBERT B.				Street Address (P.O. Box Number is Not Acceptable)			
2700 WES	STHALL LANE	-	-	0,000,000			
SUITE 140							
MAITLAND FL 32751				City FL Zip Code			
8. The above	named entity submits this statemen	t for the purpose of changing its r	egistere	ed office or register	ed agent, or both, in the State of Florida.		
•							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered	d Agent signature required			
9. Capital Co as Shown		10. Amount of Capital in FLORIDA to dat		outions	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO		
43 010411	GENERAL PARTNE	R THAT IS A RUSINESS ENT	TY.M	UST BE REGIST	FERED AND ACTIVE WITH THIS OFFICE		
12.		MAY NOT be changed on the NER INFORMATION	form:	; an amendmen	t must be filed to change a general par ADDRESS CHANGES ON		
DOCUMENT #	GENERAL FAMI	NEH INI ONIMATION		er apporent to the			
NAME	NAME ATKINS, ROBERT B		SIRE	STREET ADDRESS: STREET ADDRESS		t hate and	
STREET ADDRESS CITY-ST-ZIP	LONGWAD EL COTES	to en and to be	CITY	-ST-ZIP			
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NAME			SIRE	ET ADDRESS			
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NAME	,		SIRE	ET ADDRESS		01079U13 \	
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NAME	·		SINE	ET ADURESS			
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NAME	, 1 30		SINE	LI MUUTILOO			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		Ì	
	certify that the information supplied	vith this filing does not qualify for	the exer	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I further cer	tify that the information	
indicatéd the receiv	on this report is true and accurate a ver or trustee empowered to execute	ind that my signature swall have to this report as required by Chapte	jé same er 620, F	e legal effect as if m Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further cenade under oath; that I am a General Partner of	the limited partnership or	

SIGNATURE:

VPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/01 407-875-804
Date Daytime Phone #