

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14333
Entity Name SARASOTA OFFICE AND WAREHOUSE CENTER, LTD.

Principal Place of Business 1991 MAIN ST., STE. 183 SARASOTA FL 34236	Mailing Address 1991 MAIN ST., STE. 183 SARASOTA FL 34236-5900
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
BAND, STEVEN C 1991 MAIN ST, SUITE 183 SARASOTA FL 34236	

4. FEI Number 59-2281539	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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Capital Contributions as Shown on record. \$297,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # WE REET ADDRESS TY - ST - ZIP	L39350 SARASOTA OFFICE AND WAREHOUSE, INC. 222 BEACH RD., #3 SARASOTA FL	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # WE REET ADDRESS TY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # WE REET ADDRESS TY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	
DOCUMENT # WE REET ADDRESS TY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

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	3/7/00	(941) 366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

FILED
00 MAR 13 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)