

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16518
 Entity Name
TAMPA BAY BRIARWOOD ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 13 AM 9:24

Principal Place of Business: 770 ROOSEVELT BLVD. CLEARWATER FL 34620
 Mailing Address: 2300 20TH ST. GULFPORT MS 39501-2931



Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: City, & State
 4. FEI Number: 59-2391015
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ELLIS, JOHN C JR.
 1105 WILLOWOOD CIRCLE
 GULF BREEZE FL 32561

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Capital Contributions as Shown on record: \$3,450,100.00
 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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G95333900059 EQUITY INVESTMENTS ASSOCIATES-B 2300 20TH ST. GULFPORT MS 39501	STREET ADDRESS CITY - ST - ZIP	
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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: *Charles F. McReynolds* CHARLES F. McREYNOLDS 3/6/2000 228-594-0129
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)