

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17806**

1. Entity Name

PERDIDO KEY ASSOCIATES, LTD.

FILED

00 MAY -2 PM 4: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2107 WEST JORDAN STREET POST OFFICE BOX 17507 PENSACOLA FL 32522	Mailing Address 2107 WEST JORDAN STREET POST OFFICE BOX 17507 PENSACOLA FL 32522-7507
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2527743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GALLOWAY, DAVID F.S., III 2107 WEST JORDAN STREET PENSACOLA FL 32522		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. 5.4. Filed 5-7-00 431,190.22	10. Amount of Capital Contributions in FLORIDA to date. 431,190.22	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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GALLOWAY, DAVID F.S., III 2107 W. JORDAN STREET PENSACOLA FL	STREET ADDRESS	700003247657--7 -05/11/00--01016--009 ****527.61 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - 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

SIGNATURE: **DAVID F.S. Galloway III** **4/27/2000 (850) 434-2711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)