

2000 UNIFORM BUSINESS REPORT (UBR)

Y 111111

DOCUMENT # A19095

1. Entity Name
FERNANDINA BEACH RRH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 6:54

Principal Place of Business
11635 NW 1ST AVE.
GAINESVILLE FL 32607

Mailing Address
11635 NW 1ST AVE.
GAINESVILLE FL 32607-1114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2789964		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CURTIS, JOHN M. 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$0.00	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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	TURNERY, HENRY E. 13504 NW 56TH AVE. GAINESVILLE FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GRAY, STEVEN H. 125 NE 1ST AVE. #1 OCALA FL	STREET ADDRESS	700003204967--1 -04/11/00--01147--014 ***150.00 ***150.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G91210000109 TRI-COUNTY BUILDERS CO. 11635 NW 1 AVE GAINESVILLE FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<i>hjk</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<i>3/29/00</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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: ~~SIGNATURE REQUIRED~~ **John M. Curtis** 03-10-00 352-332-0838
 Partner
 Tri-County Builders Company, not inc.
 The General Partner

CR2E003 (9/99)