

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 29 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A20086

1. Entity Name
CHARLTON COURT LTD.

Principal Place of Business 5000 NW 27TH COURT SUITE E GAINESVILLE FL 32606	Mailing Address 5000 NW 27TH COURT SUITE E GAINESVILLE FL 32606-6500
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mf 4/16



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2543843		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							
SABIS, WILLIAM R. 5000 N.W. 27TH CT. SUITE E GAINESVILLE FL 32606				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 *William R. Sabis* DATE **3/28/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$177,500.00	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 #	SABIS, WILLIAM R. 5000 NW 27TH CT., STE E GAINESVILLE FL	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	100003204851--3
NAME		CITY - ST - ZIP	04/11/00-01141--021
STREET ADDRESS			***535.00 ***535.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		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: *William R. Sabis* **SIGNATURE REQUIRED** Date **3-28-00** (352) 372-7446 Daytime Phone #

CR2E003 (9/99)