2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21726 1. Entity Name KEY WEST HAND PRINT FABRICS, LTD.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 201 FRONT STREET. SUITE 310 KEY WEST FL 33040 Mailing Address 201 FRONT STREET. SUITE KEY WEST FL 33040-8346					00 JUN -5 PM 1: 33	* 4 41 1 44 1	
Principal Place of Business 3, Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-2593085 Applied Not Applied	d For plicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Addition Fee Required	al	
requestry of the	6Name and Address of Current (Registered Agent	·	Name	-7. Name and Address of New Registered Agent	= - 1	
MOSHER, GERALD R. 201 FRONT STREET, SUITE 310				Street Address (P.O. Box Number is Not Acceptable)			
KEY WEST FL 33040							
				City	FL Zip Code		
SIGNATURE	named entity submits this statement for			ed office or registi d Agent signature requir			
9. Capital Contributions as Shown on record. \$216,000.00 in FLORIDA to date.				<u> </u>	11. MAKE CHECK PAYABLE TO DEPT. OF STA		
	NOTE: General Partners MA	Y NOT be changed o	n the form	; an amendme	ISTERED AND ACTIVE WITH THIS OFFICE. Ient must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION DOCUMENT#			13.	±T AODRESS	ADDRESS CHANGES ONLY	8	
NAME STREET ADDRESS CITY - ST - ZIP	SWIFT, EDWIN O., III 201 FRONT STREET, SUITE 310 KEY WEST FL 33040			- ST-ZIP	-95/25/9001042013 ******\$8.75 *******88.7	5	
DOCUMENT BELLAND, CHRISTOPHER C.				EET ADDRESS 2	201 Front Street, Suite 310		
STREET ADDRESS	44 FLORA KEY WEST FL				Key West, FL 33040		
:Document#- & Name	MOSHER, GERALD R.		STRE	ET ADORESS			
STREET ADORESS CITY-ST-ZIP	201 FRONT STREET, SUITE 310 KEY WEST FL 33040		СПҮ	- ST - ZIP	300003307563	-13-	
DOCUMENT# NAME	CURRY, GREGORY		STRI	EET ADDRESS	-06/28/0001042016 ****437.50 ****437.5	50	
STREET ADDRESS City-St-Zep	1201 19TH TERR KEY WEST FL		СПУ	-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
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DOCUMENT #		•	STR	EET ADDRESS			
STREET ADORESS CITY-ST-ZIP				-ST-ZIP			
14. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and	this filing does not qualithat my signature shall h	fy for the exe	mption stated in a e legal effect as it	n Section 119.07(3)(i), Florida Statutes. I further certify that the inform if made under oath; that I am a General Partner of the limited partne	nation ership or	

(305)296-3609

3/28/00