

2001 UNIFORM BUSINESS REPORT (UBR)

0010064 AF

DOCUMENT # A22675
1. Entity Name
 HOME DEPOT PLAZA ASSOCIATES, LTD.

FILED

01 APR 30 PM 2:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 5858 CENTRAL AVENUE P.O. BOX 41847
 ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33743

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

City & State **City & State**

4. FEI Number 59-2708250 **Applied For**
 Not Applicable

Zip **Country** **Zip** **Country**
 33743-1847

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SHER, CRAIG H
 5858 CENTRAL AVENUE
 ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent
 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** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$744,485.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$564,885.00**

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	V25013
NAME	SEMBLER ENTERPRISES, INC.
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL 33707
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600004137446--7
CITY-ST-ZIP	-05/04/01--01109--002 ***535.00 ***535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Craig H. Sher* **SIGNATURE REQUIRED** **4/26/01** **727-384-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)