2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A23946 1. Entity Name				·		
PROEFKE PROPERTIES, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address					00 FEB 24 AM 10: 23	
1296 WEYBRIDGE LA. DUNEDIN FL 34698 1296 WEYBRIDGE LA DUNEDIN FL 34698-22						
2. Principal Place of Business 3. Mailing Address						
Suite, Apt.	Suite, Apt. #, etc.	, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number	
Zip	Country	Zip	Country	y <u> </u>	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent Name				Name ()	7. Name and Address of New Registered Agent	
PROFFICE COMMEND A				PIS	OEFRE, EDWAND A.	
PROEFKE, EDWARD A. Street Address (P.O. E					P.O. Box Number is Not Acceptable)	
DUNEDIN FL 34698				55	3 OLD DAK CIACLE	
City				City PAL	M HARBOR FL 39683	
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 Signature, typed or printed name bit registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 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 13.				an amendmen	ADDRESS CHANGES ONLY	
DOCUMENT#				TADDRESS /	7/3 211 - 211 - 211 - 2	
NAME STREET ADDRESS	PROEFKE, EDWARD A. 1296 WEYBRIDGE				63 OLD OFFR CIRCLE	
CITY-ST-ZIP	DUNEDIN FL		CITY-S		PALM HITHBOX, FL 34683	
DOCUMENT # NAME	PROEFKE, BETTY R. 1296 WEYBRIDGE DUNEDIN FL		STREET	TADORESS	53 OLD WAK CIRCLE	
STREET ADDRESS City-St-Zip			City-s	ST - ZIP	PALM HURBUR 1-L 34683	
DOCUMENT# NAME	-	y same and a second	STREET	TADORESS ~	-	
STREET ADDRESS CITY+ST+ZIP			CITY-S	ST-ZIP	~1.3/6/00	
DOCUMENT# NAME			STREET	TADDRESS	<i>(</i>	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	2000 <u>031614323</u>	
DOCUMENT# NAME	STP			TADORESS		
STREET ADDRESS' CITY+ST+ZBP			CfTY-8	ST-ZIP		
DOCUMENT# NAME	•		STREET	TADORESS		
STREET ADDRESS CITY - ST - ZIP			CITY-S	ST - ZIP		
14. I hereby certify that the information supplied with this filipp 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 be 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 exempte this report as required by chapter 620, Florida Statutes						