2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24356

FILED
01 MAY -1 PM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP 000039

DO NOT WRITE IN THIS SPACE

1. Entity Name
SHINER'S PARTNERS, LTD.

Principal Place of Business	Mailing Address
2917 WEST S.R. 434 SUITE 111 LONGWOOD FL 32779	2917 WEST S.R. 434 SUITE 111 LONGWOOD FL 32779

2. Principal Place of Business	3. Mailing Address
7300 S. Orange Blossom Tr.	400 North Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 120
City & State Orlando, FL	City & State Longwood, FL
Zip 32809 / Country US	Zip 32750 / Country US

4. FEI Number 59-2786888 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSWALD, KENNETH F 600 COURTLAND STREET SUITE 110 ORLANDO FL 32804	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 Theodore Burton, IV - Partner 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $272,100.00

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. ADDRESS CHANGES ONLY	
DOCUMENT #	J65951	STREET ADDRESS	400 North Street, Suite 120
NAME	SHINER'S, INC.	CITY-ST-ZIP	Longwood, FL 32750
STREET ADDRESS	2917 WEST S.R. 434, SUITE 111		
CITY-ST-ZIP	LONGWOOD FL 32779		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500004220856--5 05/16/01--01119--018 ****526.25 ****526.25
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NAME		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: Theodore Burton, IV - Partner 4/25/01 407-786-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)