2000	UNIFORM BUSI	NESS REPO	RT ((UBR)			
DOCUMENT # A24722 1. Entity Name					SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS		
CHRISTOPHER WOODS ASSOCIATES, LTD.					SECRE OF CORPOR	25	
Principal Place of Business Mailing Address 3020 Hartley Road, Ste. 300				OO APR 27 AM	β: <i>Π</i> 2		
3020 Hartley Road, Ste. 300 Jacksonville, FL 32257						TYY Hold hold black birki byry birki oyan aran aran ara	
2. Principal Place of Business 3. Mailing Address					-{	1[0]0	
3020 Hartley Road 3020 Ha Suite, Apt. #, etc. Suite, Apt. #, etc.			y Roa	d	DO NOT WE	 RITE IN THIS SPACE	
	300	Suite 300					
City & Stat	te i	City & State Jacksonville, FL		4. FEI Number 59-283320	Applied For Not Applicable		
Jacksonville, FL Zip Country		Zip Countr		,	5. Certificate of Status Desired	\$8.75 Additional	
3225		32257		USA_	7. Name and Address of New	Fee Hequired	
6. Name and Address of Current Registered Agent				Name			
FARRELL, MARK T				Street Address (P.O. Box Number is Not Acceptable)			
3020 Hartley Road, Ste. 300 Jacksonville, FL 32257						<u> </u>	
		•		City		Zip Code	
age of green							
SIGNATURE	named entity submits this statement for			Agent signature require	: : : : : : A	pril 4, 2000	
9. Capital Contributions as Shown on record. \$600,000.00 in FLORIDA to date.				outions		ECK PAYABLE TO DEPT OF STATE RSE SIDE FOR FEE INFORMATION	
as shown	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGIS	TERED AND ACTIVE WITH T	HIS OFFICE.	
12.	NOTE: General Partners MA GENERAL PARTNER		e form;	an amendme	nt must be filed to change a		
DOCUMENT # NAME STREET ADDRESS	ROOD, JOHN D. 3030 HARTLEY RD. STE 100		STRE	ET ADDRESS ST-ZIP	3020 Hartley Road, Ste. 300 Jacksonville, FL 32257		
CITY-ST-ZIP	JACKSONVILLE FL 32257 M85266				·		
DOCUMENT # NAME STREET ADDRESS	VESTCOR FINANCIAL ASSOCIATES II, INC. 3030: HARTLEY ROAD, SUITE 100			ET ADORESS :	3020 Hartley Road, Jacksonville, FL 322		
CITY-ST-ZIP-	JACKSONVILLE FL 32257						
NAME STREET ADDRESS	, π.ξ	*		ET ADORESS	50000	 <u> </u> ਫ਼ਫ਼ਫ਼ਖ਼ੑਫ਼ਫ਼ਜ਼ੑ੶੶ਫ਼	
CITY - ST - ZIP DOCUMENT #		<u></u>	STRE	FT ADORESS	****	<u>1970001084013</u> *526.25 ****526.25	
NAME . STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP	A Commence of the Commence of		CITY	ST-ZIP			
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STREET ADDRESS CITY - ST - ZIP	The same of the sa	<u> </u>	J	·ST-ZIP			
indicated	certify that the information supplied with i on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall have t	he same	legal effect as if	ection 119.07(3)(i), Florida Statutes made under oath; that I am a Gene	s. I further certify that the information rral Partner of the limited partnership or	
SIGNATURE: SAMMALO PRESUIRED					April 4, 2000	(904) 260-3030	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENERA	L PARTNE	R	Date	Daytime Phone #	