

2001 UNIFORM BUSINESS REPORT (UBR)

0012836 AF

DOCUMENT # **A24874**

1. Entity Name

SIS REALTY '87, LTD.

FILED
01 APR 26 PM 5:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1717 INDIAN RIVER BLVD. SUITE 300 VERO BEACH FL 32960	Mailing Address 1717 INDIAN RIVER BLVD. SUITE 300 VERO BEACH FL 32960
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0005823** Applied For
 Not Applicable

Zip Country Zip Country 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

SCHLITT, LOUIS L
1717 INDIAN RIVER BLVD.
SUITE 300
VERO BEACH FL 32960

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 _____

9. Capital Contributions as Shown on record. **\$230,000.00** 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 #	SCHLITT, LOUIS L 1717 INDIAN RIVER BLVD VERO BEACH FL	STREET ADDRESS	200004194322--4
NAME		CITY-ST-ZIP	05/10/01-0116-015
STREET ADDRESS		CITY-ST-ZIP	***526.25 ***526.25
DOCUMENT #		STREET ADDRESS	<i>h/c 5/8</i>
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-01

Date Daytime Phone #

CR2E003 (11/00)