2001	UNIFORM BUS	INE	SS REPO	RT	(UBR)				
DOCU 1. Entity Nam	MENT # A2624	12					. ,)	
SEVILLE PARTNERS OF DAYTONA LIMITED PARTNERSHIP					FIL		,		
Principal Place of Business			ling Address		OT APR 1	B PM 12: 4	•		
900 NORTH FERNCREEK AVENUE ORLANDO FL 32803			800 NORTH FERNCREEK AVENUE ORLANDO FL 32803		SECRETAR TALLAHAS	Y OF STATE SEE, FLORID	A He were divine head blend head a	DIA BURNI BURNI BURNI BURNI BURNI BURNI	
2. Principal Place of Business 3. Mailing Ad			lailing Address	ddress					
Suite, Apt. #, etc. Suite, A			uite, Apt. #, etc.	e, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			ity & State			4. FEI Number Applied For Not Applicable			
Zip Country		Z	Zip Co		itry	5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and A	ddress of New Registe	red Agent	
LEWIS DODERT D. ID.					Name				
LEWIS, ROBERT B., JR. 800 NORTH FERNCREEK AVENUE					Street Address (F	P.O. Box Number	is Not Acceptable)		
ORLANDO									
(City FL Zip Code				
B. The above	named entity submits this statement t	or the pu	rpose of changing its	registere	ad office or registere	ed agent, or both,	in the State of Florida.	I	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if a	applicable. (NOTE	: Registere	d Agent signature required	when reinstating)	D _i	ATE .	
9. Capital Contributions as Shown on record.			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 NOTE: General Partners M	THAT IS	A BUSINESS EN	TITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS OF	FICE.	
12.	GENERAL PARTNE			13.	, an amendment	t mast be mea	ADDRESS CHANGES		
DOCUMENT #	LEWIS, ROBERT B JR 800 N. FERNCREEK AVE			STRE	EET ADDRESS	•			
NAME Street address City-St-Zip				CITY	-ST-ZIP	1			
DOCUMENT #	ORLANDO IL		<u> </u>	STRE	EET ADDRESS				
STREET ADDRESS DITY-ST-ZIP			,	CITY	-ST-ZIP				
DOCUMENT # NAME				STRE	ET ADDRESS	60	0000410	36264 -01035026 5 *****526.25	
STREET ADDRESS CVTY-ST-ZIP				CITY	-ST-ZIP		****526.2	25 *****526.25	
JAME				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
DOCUMENT #				STRE	EET ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
OCUMENT #				STRE	ET ADORESS				

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4-16.0/ 407897 Date 407897