200	1 UNIFORM B	USINESS REP	ORT	(UBR)			
	MENT# A26	6995				X	
INNLET INVESTORS LIMITED						FILED	-rf
Principal Plac 9540 SAN JO: JACKSONVILL		Mailing Address 9540 SAN JOSE BLVO. JACKSONVILLE FL 3225	,		;0,1 ,SE( ,TAI;	MAR 28 AH 7: RETARY OF STAT	1.4 U E Î.Î.A. (1.11) (1.11) (1.11) (1.11)
2. Principal f	Place of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Numbe	59-2926072	Applied For Not Applicable
Zip Country		Zìp	Zip Country		5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Nomic	7. Name and	Address of New Register	ed Agent
SMITH, P. JERÉMY JR.				Name Street Address (P.O. Box Number is Not Acceptable)			
9540 SAN JOSE BLVD.				- 1			
JACKSONVILLE FL 32257				City FL Zip Code			
3. The above	e named entity submits this state	ement for the purpose of changing	its register	ed office or regis	stered agent, or both		- 1
SIGNATURE							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Response or printed name of registered agent and title if applicable. (NOTE: Response or printed name of registered agent and title if applicable. (NOTE: Response or printed name of registered agent and title if applicable. (NOTE: Response or printed name of registered agent and title if applicable. (NOTE: Response or printed name of registered agent and title if applicable. (NOTE: Response or printed name of registered agent and title if applicable.)						1	E BLE TO DEPT. OF STATE FOR FEE INFORMATION
as Shown	A GENERAL PAR	TNER THAT IS A BUSINESS E ers MAY NOT be changed on	NTITY M	ÚST BE ŘEGI	STERED AND A	CTIVE WITH THIS OFF	ICE.
12.		ARTNER INFORMATION	13.		ent must be med	ADDRESS CHANGES	
OCUMENT #	P93000071317 PONTE VEDRA LODGE, IN	 С.	STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	9540 SAN JOSE BLVD. JACKSONVILLE FL 32257		слу	'-ST-ZIP	9000033610395 -04/05/0101075018		
OCUMENT #			STRI	EET ADDRESS	-	-04/05/01( ****526.25	01075018 ****526.25
STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP			
documènt	~	·	STRE	EET ADDRESS		·	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	er - a		
OOCUMENT # NAME			STRE	EET ADORESS			
STREET ADDRESS CITY-ST-ZIP	, in 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		CITY	-ST-ZIP		•	
OCUMENT #			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			City	-ST-ZIP			
OCUMENT # IAME	·		STRE	EET ADDRESS			
TREET 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: