

2000 UNIFORM BUSINESS REPORT (UBR) APPROVED AND FILED

DOCUMENT # **A27086**

1. Entity Name
HOPEWELL LAND PARTNERS, LTD.

00 APR - 3 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/13

Principal Place of Business
**250 SECOND STREET SOUTHWEST
WINTER HAVEN FL 33880**

Mailing Address
**POST OFFICE BOX 112
WINTER HAVEN FL 33882-0112
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2946337		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BARTOW MINING, INC. 305 SECURITY WINTER HAVEN FL 33880				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. \$10.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # M99568	NAME BARTOW MINING, INC.	STREET ADDRESS	
STREET ADDRESS 250 SECOND STREET, SOUTHWEST	CITY - ST - ZIP WINTER HAVEN FL 33882		400003214614--0
DOCUMENT # V01347	NAME ASF ACQUISITION, INC.	STREET ADDRESS	-04/19/00--01064--001
STREET ADDRESS 250 SECOND STREET, SOUTHWEST	CITY - ST - ZIP WINTER HAVEN FL 33882		****141.25 ****141.25
DOCUMENT #	NAME	STREET ADDRESS	
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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: *James Gary May* **SIGNATURE REQUIRED** **James Gary May** **3-30-00** **863-294-0993**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

1000000

CR2E003 (9/99)