

APPROVED  
AND  
FILED

00 APR -4 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

inf 4/1a



DO NOT WRITE IN THIS SPACE

DOCUMENT #  
1. Entity Name  
BTS ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business  
1149 PERIWINKLE WAY  
SANIBEL FL 33957

Mailing Address  
1149 PERIWINKLE WAY  
SANIBEL FL 33957-4701

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

4. FEI Number  
65-0087904  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BTS DEVELOPMENT CORPORATION  
1149 PERIWINKLE WAY  
SANIBEL FL 33957

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip 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  
Signature, typed or printed name of registered agent and title if applicable.  
DATE  
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record.  
\$2,000,000.00

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
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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

5/29/00  
Date

Daytime Phone #

AND FILED  
00 APR -4 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
4/19  
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