

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27808**

1. Entity Name

SFLP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P. O. BOX 2973
PALM BEACH FL 33480

Mailing Address

P. O. BOX 2973
PALM BEACH FL 33480-2973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0179680

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

HERON, J E
232 AUSTRALIAN AVE.
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record.

\$700,000.00

10. Amount of Capital Contributions in FLORIDA to date.

10,000.00

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 # **K45946**
NAME **FLP INVESTMENT CORP.**
STREET ADDRESS **232 AUSTRALIAN AVE #2**
CITY - ST - ZIP **PALM BEACH FL**

STREET ADDRESS _____
CITY - ST - ZIP **700003287977-0**
-05/14/00-01005-023

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

STREET ADDRESS _____
CITY - ST - ZIP _____
******158.75 ****158.75**
70.00 LP

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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)(l), 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 600, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-16-00

Date

W. miner

3201-659-3060

Daytime Phone #

CR2E003 (9/99)