

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27808**

1. Entity Name
SFLP, LTD.

Principal Place of Business
P. O. BOX 2973
PALM BEACH FL 33480

Mailing Address
P. O. BOX 2973
PALM BEACH FL 33480

FILED
01 MAY -4 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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 _____ (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

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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]*
REGISTERED GENERAL PARTNER, FLP INVESTMENT CORP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-01
w. miner
521-657-3060
Date Daytime Phone #