4/1/02 (850) 650.2292 Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

2002	UNIFORM BUSI	NESS REPO	RT	(UBR)		APPR At			
DOCUMENT # A31576						FÎLEO			
1. Entity Name CHOCTAW PLAZA, LTD.					02 APR -3 PM 1: 19				
					SECRETARY OF STATE FALLAHASSEE, FLORIDA				
Principal Place of Business 151 REGIONS WAY. BLDG. 5. SUITE D DESTIN FL 32541 Mailing Address 151 REGIONS WAY, BLDG. DESTIN FL 32541			G. 5. SUI	ITE D	1 (00)P(1				
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #			etc.			DUE BY MA	AY 1, 2002		
City & State		City & State		4. FEI Number					
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired See Required		.75 Additional		
6. Name and Address of Current Registered Agent					. 7. Name and A	ddress of New Reg			
SCOTT, LARRY				Name					
151 REGIONS WAY, BLDG. 5, SUITE D DESTIN FL 32541				Street Address (P.O. Box Number	is Not Acceptable)			
				City Zip Code					
8. The above r	named entity submits this statement for	ed office or register	red agent, or hoth	in the State of Florid	da.	,			
SIGNALORE									
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$1.200,000,000 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE									
as Shown on record. in FLORIDA to date. 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	SCOTT STEEL, INC. 151 REGIONS WAY, BLDG. 5, SUITE D			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>			
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DOCUMENT # NAME			STRE	ET ADDRESS		·			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
OCCUMENT # NAME OCCUMENT # DESCRIPTION OF THE PROPERTY ADDRESS OF THE PROPERTY			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	* (CITY	-ST-ZIP					
NAME STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP	petific that the info@nation cumplied with	this filing does not qualify for	<u> </u>	-ST-ZIP	ation 110 07/2/(i)	Elevido Outubos 16		Lat the later retion	
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 tru; 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 emportered to see the this eport as required by Chapter 620, Florida Statutes. JOHN L. SCOTT, JR. PRESIDENT MANAGING SIGNATURE: SIGNATURE: (950) 41112 650-2292									
SIGIVAL		PRINTED NAME OF SIGNING GENERA	L PARTHE			- LIST		<u> </u>	