

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32242**

1. Entity Name
SECOND CUMBERLAND AVENUE PARTNERS, LTD.

FILED

00 JUL -7 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602	Mailing Address % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602-4703
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3095118** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, RICK D
100 MADISON STREET, SUITE 200
TAMPA FL 33062

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. **\$164,765.00** 10. Amount of Capital Contributions in FLORIDA to date. **173,444** 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	M75464 ROWE INVESTMENTS, INC. 100 MADISON STREET #200 TAMPA FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: **RICK D. ROWE** **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____

RICK D. ROWE, PRESIDENT ROWE INVESTMENTS, INC