2000 UNIFORM BUSINESS REPORT (UBR)

					1	
DOCUMENT # A32273 1. Entity Name				FHFD		
SEBASTIAN GROVE HOLDINGS, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 251-A ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480-4319 Mailing Address 251-A ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480-435			· · · · · · · · · · · · · · · · · · ·		00 MAY -3 PM 1:33	
2. Principal Place of Business 1400 CPOTCOCK BND 400 CPOTCO Suite, Apt. #, etc. Suite, Apt. #, etc.			parke	bvk	DO NOT WRITE IN THIS SPACE	
City & State City & State City & State			<u>-L</u> D~h	57	4. FEI Number 65-0288257 Applied For Not Applicable	
Zig 337	COM BCh 4U Country Country	33401	Country	70	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New Registered Agent	
RHODES, PAUL Street Addre				ddress (f	P.O. Box Number is Not Acceptable 7	
251-A ROYAL PALM WAY				<u>UU</u>	certe buc and	
SUITE 30			10th the			
PALM BE		city to paom Ban FL 288401				
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. 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	ET ADDRESS 251A ROYAL PALM WAY, SUITE 300			CITY-ST-ZIP LD. D. LM BCh P. 38401		
DOCUMENT#			STREET ADDRESS			
NAME STREET ADORESS City-St-20P			CITY~ST-ZIP			
DOCUMENT#			STREET ADDRESS		ECOCIETA RESIDENCE	
STREET ADDRESS CITY+ST-ZIP			CITY~ST-ZIP		*#***526.25	
DOCUMENT#			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		600003283646U -06/14/0001104008	
DOCUMENT# NAME			STREET ADDRESS		****526.25 ****526.25	
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT#			STREET ADDRESS			
STREET ADDRESS CITY-St-ZIP	* ·		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)(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 REQUIRED Par 3hockes 42):00 561:659:5400						

Paul Rhodes 2):00