

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33032**

1. Entity Name

FARMONT PROPERTIES PARTNERS, LTD.

Principal Place of Business

% FARMONT SUNROOFS. INC.
2346 SUCCESS DR
ODESSA FL 33556

Mailing Address

% FARMONT SUNROOFS. INC.
2346 SUCCESS DR
ODESSA FL 33556-3430

2. Principal Place of Business

3. Mailing Address

1302 Pennsylvania Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Harbor, FL

Zip

Country

Zip

34683

Country

Pinalias

6. Name and Address of Current Registered Agent

RYDBERG, THOMAS H
610 W. AZEELE
TAMPA FL 33606

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.

\$540,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

60,000

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

DOCUMENT # K86943
NAME FARMONT SUNROOFS, INC.
STREET ADDRESS 2346 SUCCESS DR.
CITY - ST - ZIP ODESSA FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/00

Date

727-771-7544

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)