2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A33362				FILED
BETTON	PLACE, LTD.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place	e of Business	Mailing Address		00 MAY 16 PM 1:33
ATTN: OFFICE 1829-WEST-PI	i. Ensacola stree t	ATTN. OFFICE 18 28 WEST PENSACOLA ST	REET	
TALLAHASSEE	: FL 32804	TALLAHASSSE FL 32304-351	0	
2. Principal Place of Business 631 E. CAI ST 631 E. CAI			I ST.	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
TALLA	HASSEE FL	TALLAHASSEE	, FL	4. FEI Number 59-3179999 Applied For Not Applicable
Zip 323	301 Country	^{Zip} 32301	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
	CHARLES L., JR.	سسته سازه کی اید از کار	Street A	ddress (P.O. Box Number is Not Acceptable)
	T PLAZA DRIVE SSEE FL 32308			
			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 reinstatung) 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 1/180 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	rainey, dennett i.		STREET ADDRESS	631 E. CAll ST Suite 110
STREET ADDRESS CITY-ST-ZIP	1828 West Pensaco la Ta llahassee FL 32304		CITY-ST-ZIP	TALLAHASSEE FL 32301
DOCUMENT#			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	3000032889732 -08/14/0001060028
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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: DEUTET PARTE QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #				