

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33571**

1. Entity Name
S F B I, LTD.

Principal Place of Business **2ND FLOOR** Mailing Address **2ND FLOOR**
1061 RIVERSIDE AVE **1061 RIVERSIDE AVE.**
JACKSONVILLE, FL 32204 **JACKSONVILLE,**
FL 32204

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:33

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BRYAN SIMPSON, JR.
2ND FLOOR, 1061 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **3,000,000.00**

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 #	SIMPSON MANAGEMENT, INC. 2ND FLOOR, 1061 RIVERSIDE AVE. JACKSONVILLE, FL 32204	STREET ADDRESS	400003303564--9 -06/26/00--01007--004 ***1052.50 ***526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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: **Bryan Simpson, Jr.** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **5/16/00** Daytime Phone # **904-596-2711**

CR21 001 (1/00)