## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300000104  1. Entity Name PAR PARTNERS, LTD.					
Principal Place of Business  14255 US HWY. 1, #232  JUNO BEACH FL 33408  Mailing Address  14255 US HWY. 1, #232  JUNO BEACH FL 33408-1490			)		
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
City & State City & State				4. FEI Number 65-0383497 Applied For Not Applicable	
Zip	Country Zip Cour		Country	·	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent
				Name	
AMMARELL, ROBERT			-	Street Address (F	P.O. Box Number is Not Acceptable)
14255 US HWY. 1, #232					
JUNO BEACH FL 33408					
				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).					
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#	P93000005348 AMMARELL INVESTMENTS, INC.			ADDRESS	SE CO
STREET ADORESS CITY-ST-ZIP	14255 US HWY. 1, #232 JUNE BEACH FL 33408		CITY-SI	л- <b>ZI</b> Р	AN T
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DOCUMENT#			STREET	ADDRESS	*****JCO.CO *****JCO.CJ
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DOCUMENT#	STR		STREET	ADDRESS	
STREET ADDRESS City+St+Zip	\$1.12°C.0°E		CITY-S		
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 impowered to execute this report as lequired by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE:  SIGNATURE:  Date  Date  Dayline Phone  Date  Dayline Phone  Date  Dayline Phone  Date  Dayline Phone  Date  Dayline Phone					