

2001 UNIFORM BUSINESS REPORT (UBR)

000029 AF

DOCUMENT # A93000000604

1. Entity Name
THE PAUL AND HAZEL SMYSOR LIMITED PARTNERSHIP

FILED
01 APR -9 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1605 N.W. 22ND STREET GAINESVILLE FL 32605	Mailing Address 1605 N.W. 22ND STREET GAINESVILLE FL 32605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3186689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMYSOR, CHARLOTTE
1605 N.W. 22ND STREET
GAINESVILLE FL 32605

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 _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

9. Capital Contributions as Shown on record. \$2,100,632.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000054689 TRI-CEP, INC. 1605 N.W. 22ND STREET GAINESVILLE FL 32605
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900003995879--3 -04/12/01--01134--025 *****526.25 *****526.25
CITY-ST-ZIP	
STREET ADDRESS	<i>h/c</i>
CITY-ST-ZIP	
STREET ADDRESS	<i>4/g</i>
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: *Flaine Sherrin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (11/00)