

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001270**  
 1. Entity Name  
**SRA LIMITED PARTNERSHIP**

FILED

00 FEB 15 AM 10:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**7850 FAIRWAY TRAIL**  
**BOCA RATON, FL.**  
**33487** **SAME**

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **BOCA RATON FL** City & State  
 Zip **33487** Country **USA** Zip Country

4. FEI Number **05-0467742** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**AVERY, RALPH**  
**7850 FAIRWAY TR.**  
**BOCA RATON, FL 33487**

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. **10,000** 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 #	<b>AVERY, RALPH</b>	STREET ADDRESS	<b>7850 FAIRWAY TR.</b>
NAME		CITY-ST-ZIP	<b>BOCA RATON, FL. 33487</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>3000003152149-6</b>
NAME		CITY-ST-ZIP	<b>-02/29/00--01088--008</b>
STREET ADDRESS			<b>***158.00--***158.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>3000003152149-6</b>
NAME		CITY-ST-ZIP	<b>-02/29/00--01088--008</b>
STREET ADDRESS			<b>***158.75--***158.75</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>LP 3000</b>
NAME		CITY-ST-ZIP	<b>88.75 - Adm</b>
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: **R. Avery G.P.** **R. AVERY** **2/11/00** **561-987-7601**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER GEN. PART. Date Daytime Phone #

CR2E003 (9/99)