

2002 UNIFORM BUSINESS REPORT (UBR) 57625

APPROVED
AND
FILED

02 APR 22 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006669
AT

DOCUMENT # , A93000001327

1. Entity Name
SEMINOLE HOUSE, LTD.

Principal Place of Business
~~631 E. CALL ST., SUITE 110
TALLAHASSEE FL 32301~~

Mailing Address
~~631 E. CALL ST. SUITE 110
TALLAHASSEE FL 32301~~



2. Principal Place of Business
4538 ST TERESA BLVD
Suite, Apt. #, etc.
ST. TERESA, FL 32358
City & State

3. Mailing Address
P.O. Box 649
Suite, Apt. #, etc.
PANAMA, FL
City & State

DUE BY MAY 1, 2002

4. FEI Number **59-3227910** Applied For
Not Applicable

Zip **32358** Country **US**

Zip **32356** Country **US**

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

6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.
1358 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

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.

DATE **4/17/02**

9. Capital Contributions as Shown on record. **\$200,000.00**

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	
DOCUMENT #	
NAME	RAINEY, DENNETT I
STREET ADDRESS	631 E. CALL ST., SUITE 110
CITY-ST-ZIP	TALLAHASSEE FL 32301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4538 ST. TERESA BLVD
CITY-ST-ZIP	ST. TERESA BEACH, FL 32358
STREET ADDRESS	
CITY-ST-ZIP	000005395510--0
STREET ADDRESS	-04/30/02--01079--028
CITY-ST-ZIP	***1052.50 ***526.25
STREET ADDRESS	FF
CITY-ST-ZIP	57625
STREET ADDRESS	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE **4/17/02** DAYTIME PHONE # **850 697 4601**

CR2E003 (9/01)