

2001 UNIFORM BUSINESS REPORT (UBR)

0010447 AF

DOCUMENT # A93000001458
 1. Entity Name
3-C RANCH LIMITED

FILED

01 APR 16 PM 12:15



Principal Place of Business: **106 E. MAIN ST. WAUCHULA FL 33873**
 Mailing Address: **POST OFFICE BOX 248 WAUCHULA FL 33873**

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

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-0460281**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CREWS, J.W. JR
106 E. MAIN ST.
WAUCHULA FL 33873

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. **\$5,767,218.76**

10. Amount of Capital Contributions in FLORIDA to date. **5,767,218.76**

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 #	148154
NAME	SHOREWOOD CORPORATION
STREET ADDRESS	106 E. MAIN ST.
CITY-ST-ZIP	WAUCHULA FL 33873
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	
CITY-ST-ZIP	
STREET ADDRESS	500004082515--5
CITY-ST-ZIP	-04/26/01--01110--007 *****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: **James W. Crews, Jr. Reg Agent** **863-773-4151**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Pres. - Shorewood Corp** Date _____ Daytime Phone # _____

CR2E003 (11/00)