2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000331

1. Entity Name

STOKER-KRAEMER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33

Principal Place of Business	Mailing Address
6118 GNARLED OAK DRIVE ENGLEWOOD FL 34223	6118 GNARLED OAK DRIVE ENGLEWOOD FL 34223-9203

2. Principal Place of Business		3. Mailing Address	
3311 W. KENNEDY BLVD		3311 W. KENNEDY BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FL		City & State: TAMPA FL	
Zip: 33609-2903	Country: USA	Zip: 33609-2903	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0474452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRAEMER, GEORGIENNE S 6118 GNARLED OAK DRIVE ENGLEWOOD FL 34223	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 Georgienne S Kraemer 4/28/00

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. $2,000,000.00	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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KRAEMER, GEORGIENNE S 6118 GNARLED OAK DRIVE ENGLEWOOD FL 34223	STREET ADDRESS CITY-ST-ZIP	800003290638--2
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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 REQUIRED Georgienne S Kraemer 4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (1/00)