2000 UNIFORM BUSINESS REPORT (UBR)

				<u>, </u>	,		
DOCUMENT # A9400000851 1. Entity Name					FILLU ARY OF STATE OF CORPORATIONS		
SOUTH SEAS RESORTS COMPANY LIMITED PARTNERSHIP				SECRE	JE CORPORATIONS		
Principal Place of Business Mailing Address 12800 UNIVERSITY DR. 12800 UNIVERSITY DR. SUITE 350 SUITE 350 FT. MYERS FL 33907 FT. MYERS FL 33907-5344			ı	00 VALUE 58 614 15: 0 P			
2. Principal Place of Business 3. Mailing Address 12800 University Dr., 12800 Universit			iţy I	y Dr.			
Suite, Apt. #, etc. Suite, Apt. #, etc. Ste. 260 Suite 260					DO NOT WRITE IN THIS SPACE		
City & State City & State					4. FEI Number 65-0496183	Applied For Not Applicable	
Zip 33907	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	-1		7. Name and Address of New Registered	Agent	
TAYLOR, ROBERT M 12800 UNIVERSITY DR.				Street Address (I	th Seas Resorts Com P.O. Box Number is Not Acceptable) Iniversity Dr. AST N:	Rick	
SUITE 356)					Krichbaup	
FT. MYERS FL 33907				City	F	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 (I applicable. (NOTE: Registered Aged/signature required when reinstating) 9. Capital Contributions as Shown on record. 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					ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L94000000285 S.S. RESORT MANAGEMENT, L.C. 12800 UNIVERSITY DR., STE. 350 FT. MYERS FL 33907			ET ADORESS 128 -ST-ZIP	12800 University Drive, Suite 260		
DOCUMENT #			STRI	ET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY	- ST- ZI P	7000032689 97 —-1 -05/2/000098006		
DOCUMENT / NAME	T ADDRESS		STRE	ET ADDRESS	****141.2	5 ****141.25	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY+ST+ZIP			CITY	- ST - ZIP	·		
DOCUMENT # NAME STREET ADDRESS	E (STRE	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	William Comment		CITY	-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			STRI	ET ADORESS	· .		
CITY-ST-ZIP	H1 41	ALC: Afternoon and a second		-ST-ZBP	olion 140 07/0//) Clasido Casa and Life alterna	ortific that the information	
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:							
SIGNATURE: 434111							