	1 UNIFO	RM BUSII	NESS REPO	ORT (UBR	A <u>PPROV</u> E	Ėb	
DOCUMENT # A9400000871 1. Entity Name //					AND FIEED		
DIAMONDBACK INVESTORS, LTD.					OI JUN 13 AM	· -	
Principal Place of Business Mailing Address 3020 HARTLEY RD., STE. 300 3020 HARTLEY RD., STE. 31				300	SECRETARY OF TALLAHASSEE, F	STATE LORIDA	
JACKSONVILLI	E FL 32257		JACKSONVILLE FL 32257				
2. Principal Place of Business 3. Mailing Address				<u> </u>		0[[]]	
Suite, Apt. #, etc. Suite, #			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State			City & State		En_22Ecn70	Applied For Not Applicable	
Zip	Cou 1	ntry	Zip	Country	5. Certificate of Status Desired Fee Requir		
	6. Name and A	ddress of Current Re	gistered Agent		7. Name and Address of New Registered Agent		
FARRELL, MARK T.				Name Street Add	Street Address (P.O. Box Number is Not Acceptable)		
3020 HARTLEY RD., STE. 300				<u> </u>		<del></del>	
JACKSON	VILLE FL 32257			City	. Zip Cod	de	
8. The above	named entity subm	its this statement for th	ne purpose of changing it	s registered office or re	egistered agent, or both, in the State of Florida.		
SIGNATURE		· · · · · · · · · · · · · · · · · · ·	•				
20-0-20-0-		name of registered agent and		TE: Registered Agent signature		1 1860 A TO THE STATE OF THE	
9. Capital Contributions as Shown on record. \$458,758.00 in FLORIDA to date				date.	11. MAKE CHECK PAYABLE TO DEPT. ( SEE REVERSE SIDE FOR FEE INFO		
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.		SENERAL PARTNER IN	NFORMATION	13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME		INVESTORS, INC.		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	3020 HARTLEY F JACKSONVILLE			CITY-ST-ZIP	0000044228nn		
DOCUMENT # NAME ::				STREET ADDRESS	<b>DDDD01442:3909</b> -06/18/0101022 *****89,75 ******	022 00 75	
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STREET ADDRESS CITY-ST-ZIP			,	CITY-ST-ZIP	*****437.50 *****4	ჳ <b>Ր.</b> ემ	
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DOCUMENT #	1000 1233 1			STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	स्ट हम्म, च्या			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:** 

MATTER TO MARK T. Farrell April 19, 2001

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER TO THE PROPERTY OF THE

(904) 260-3030 Daytime Phone #