2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400001046 1. Entity Name EWING/SYNAGEN PARTNERS, LTD.					SECRETA DIVISION OF					
Principal Place of Business 8801 Vistana Centre Dr. Executive Offices - CEH Orlando, FL 32821 Mailing Address P. O. Box 5685 Orlando, FL 3				66-8589	OO APR I	43		۲		
Principal Place of Business 3. Mailing Address							U			
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	е	City & State		4. FEI Number 59-325562	.5	***************************************		Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of Stati			8.75 ee Req	Additional uired	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Addre	ss of New Re	gistered A	gent		
Harris,	Charles E.			Name						
8801 Vistana Centre Dr.				Street Address (P.O. Box Number is Not Acceptable)						
	ve Offices - CEH									
Orlando, FL 32821				Oit :				Zip (*ode	
				City			FL	210	,ode	
SIGNATURE . 9. Capital Co as Shown of	on record. \$5,000.00	10. Amount of Capita in FLORIDA to da	il Contri ite.	\$2,00	00.00	MAKE CHECK SEE REVERSI	E SIDE FOR	FEE IN	は、これでは、これでいるのとは最初は実際的は	
	A GENERAL PARTNE	R THAT IS A BUSINESS EN MAY NOT be changed on th	TITY N	lUST BE REG	ISTERED AND ACTIVI ent must be filed to c	E WITH THIS hange a ger	OFFICE. neral part	ner.	Į	
12.		VER INFORMATION	13.			DDRESS CHAN				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	K89179 Synagen Capital Partners, Inc. 8801 Vistana Centre Drive, Executive Orlando, FL 32821			EET ADDRESS fices (-ST-ZIP				<u>-</u>		
DOCUMENT # NAME STREET ADDRESS	Bishop, Benjamin C., Jr. 50 North Laura Street, Suite 3625 Jacksonville, FL 32202			EET ADDRESS	000	0000032280801 -04/28/0001081004 ****141.25 *****141.25				
DOCUMENT #										
NAME STREET ADDRESS CITY-ST-ZIP	Harris, Charles E. 8801-Vistana Centre-Drive, Executive Orlando, FL 32821			fices						
DOCUMENT #	Heggestad, Arnold A.			EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				r-ST-ZiP						
DOQUMENT # NAME STREET ADDRESS	Johnson, Hjalma E.			EET ADDRESS						
CITY ST-ZIP				Y-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS			1	EET ADDRESS						
CITY-ST-ZIP	certify that the information supplied \	with this filing does not qualify for	the eve	motion stated in	Section 119.07(3)(i). Flori	da Statutes. I f	urther cert	ify that th	ne information	
indicated	on this report is true and accurate a ver or trustee empowered to execute	ind that my signature shall have t	he sam	ie legal effect as Florida Statutes	ir made under oath; that i	am a General 	Parmer on	ine iimite	ed partnership or \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	