

2001 UNIFORM BUSINESS REPORT (UBR)

001191 AF

DOCUMENT # A94000001515			
1. Entity Name CLAREMONT ASSOCIATES, L.P.			
Principal Place of Business 408 PARTRIDGE CIRCLE SARASOTA FL 34236		Mailing Address PO BOX 3319 SARASOTA FL 34230	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
01 APR -5 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0541843				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KILAR, CLARE J 408 PARTRIDGE CIRCLE SARASOTA FL 34236				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 *Clare J. Kilar* DATE **3/30/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	\$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P94000082641	STREET ADDRESS	
NAME	SEAHORSE SADDLERY, INC.	CITY-ST-ZIP	400004036614--4
STREET ADDRESS	408 PARTRIDGE CIRCLE		-04/20/01--01116--004
CITY-ST-ZIP	SARASOTA FL 34236		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: *Clare J. Kilar* DATE **3/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CR2E003 (11/00)