2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9400001604 1. Entity Name						FILED			
STONEBROOK VILLAGE-94, LTD.						00 FEB -3 PM 2: 27			
Principal Place of Business 5555 WOODBINE ROAD PACE FL 32571		Mailing Address 5555 WOODBINE ROAD PACE FL 32571-8768		T/	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2 Principal 6	Place of Business	3. Mailing Address							
<u> </u>									
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	I. FEI Number	59-3279270	Applied For Not Applicable		
Zip Country		Zip	Country		5.	. Certificate of S	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent				. Name and Ad	dress of New Registered		
COOK III	IDAN I ID		Ì	Name					
COOK, HIRAM J JR 5555 WOODBINE ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PACE FL 32571									
				City FL Zip Code					
SIGNATURE . 9. Capital Co as Shown	A GENERAL PARTNER 1	and title if applicable. (NOTE: 10. Amount of Capital in FLORIDA to dat THAT IS A BUSINESS ENT	Registered Contrib	Agent signaturations JST BE F	re required when	reinstating) RED AND ACT	DATY 11. MAKE CHECK PAYABI SEE REVERSE SIDE F IVE WITH THIS OFFIC	OR FEE INFORMATION E.	
12.	NOTE: General Partners MA GENERAL PARTNER		form;	an ame	ndment m	nust be filed to	change a general pa ADDRESS CHANGES OF		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	COOK, HIRAM J JR 3228 KINGSMILL DRIVE			et adoress ST-ZIP	302°	1 Gree	1stone D	rive	
DOCUMENT#	PACE FL 32571-		CIDE C	T ADDRESS	race	, + C	32571		
NAME STREET ADDRESS CITY-ST-ZIP	DANIELS, CHARLES E 3045 GREYSTONE DRIVE PACE FL 32571		1	ST-ZIP	3143 229		by dones	Drive	
DOCUMENT#			STREE	T ADDRESS	, , , ,)			
NAME STREET ADDRESS CITY - ST - ZIP			CIŢY-	ST-ZIP			()		
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			1		
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STRÆET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		40	-02/04/00 -02/04/00 ****526.25	4:91044 -01109013 - ****526-25	
DOCUMENT# NAME			STREE	T ADDRESS			44444UU.	A second control of property of property	
STREET ADORESS COLY-ST-ZIP			<u>. </u>	ST-ZIP					
Lindicated	certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute thi	that my signature shall have th s report as required by Chapte	e same	legal effec	et as if made	on 119.07(3)(i), F e under oath; tha	lorida Statutes. I further ce at I am a General Partner c	ertity that the information of the limited partnership or	