2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400001754 THE NELLE M. RINALDI ENTERPRISE, LTD.				FILED SECRETARY OF STATE IVISION OF CORPORATIONS		
Principal Place of Business 4514 EAST ADAMO DRIVE TAMPA FL 33605		Mailing Address 4514 EAST ADAMO DRIVE TAMPA FL 33605-5912			00 APR 28 AM 3: 05	
2. Principal Place of Business 3. N		3. Mailing Address	Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-3285624 Applied For	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent	٠,		7. Name and Address of New Registered Agent	
RINALDI, W. STEVE 4514 EAST ADAMO DRIVE TAMPA FL 33605				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
. The above	named entity submits this statement to	or the purpose of changing it	ts registere	d office or registe	ered agent, or both, in the State of Florida.	
IGNATURE _	Signature, typed or printed name of registered agent	(8)	TE. Bagistand	Ag and signature require	ed when reinstating) DATE	
		and title if applicable. (NO		Agent signature requir	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown on record.					SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS EI AY NOT be changed on I	NTITY MO the form:	JST BE REGIS ; an amendme	STERED AND ACTIVE WITH THIS OFFICE. Int must be filed to change a general partner.	
2.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY	
OCUMENT#	RINALDI, NELLE M		STREE	ET ADDRESS	رسنى المسار	
AME Treet address	4514 EAST ADAMO DRIVE		CITY-S			
TTY-ST-ZIP.	TAMPA FL 33605			31-21	****526_25_****\$26.25	
OCUMENT# AME	RINALDI, W. STEVE		STREE	ET ADORESS		
TREET ADDRESS TTY+ST-ZIP	4514 EAST ADAMO DRIVE TAMPA FL 33605	cr		ST-ZIP		
OCUMENT#	RINALDI, GAIL R s 4514 EAST ADAMO DRIVE TAMPA FL 33605		STREE	ET ADDRESS		
TREET ADORESS			спү-	ST-ZIP		
OCUMENT# IAME			STREE	ET ADIORESS	<u> </u>	
TREET ADDRESS TY - ST - ZIP			CITY	ST-ZIP		
ocument# Ame	P .			ET ADDRESS		
TREET ADDRESS				ST-ZIP		
OCUMENT # IAME TREET ADDRESS			STREE	ET ADORESS		
CITY-ST-ZIP				ST-ZIP		
 I hereby of indicated the receiver 	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute the		for the exer e the same apter 620, F	nption stated in S legal effect as if lorina Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	