

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A95000000232
Entity Name	SOUTH FLORIDA SEASIDE RESORTS, LTD.

Principal Place of Business	Mailing Address
3045 ESTERO BLVD FT MYERS BEACH FL 33931	3045 ESTERO BLVD FT MYERS BEACH FL 33931-3600

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	65-0575570	Applied For
Zip	Country	Zip	Country	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELONIS, PETE 3045 ESTERO BLVD FT MYERS BEACH FL 33931	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Capital Contributions as Shown on record.	\$7,073,750.00	10. Amount of Capital Contributions in FLORIDA to date.	506,621.00	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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000013210	STREET ADDRESS	
NAME	SOUTH FLORIDA SEASIDE RESORTS, INC.	CITY - ST - ZIP	000003180560--9
STREET ADDRESS	3045 ESTERO BLVD		-03/22/00--01102--881
CITY - ST - ZIP	FORT MYERS FL 33931		****526.25 ****526.25
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STREET ADDRESS			
CITY - ST - ZIP			

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: <u>SIGNATURE REQUIRED</u>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	2/29/00	

FILED

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)