

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001456**

1. Entity Name  
**SM-FT. MYERS ASSOCIATES LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 3: 05

Principal Place of Business  
C/O SMG PROPERTY MANAGEMENT, INC.  
351-6TH AVENUE, WEST  
BRADENTON FL 34205

Mailing Address  
C/O SMG PROPERTY MANAGEMENT, INC.  
351-6TH AVENUE, WEST  
BRADENTON FL 34205-8820



2. Principal Place of Business  
**9021 Town Center Pkwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**9021 Town Center Pkwy**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BRADENTON**

Country  
**USA**

Zip  
**34202**

4. FEI Number **63-0617913** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DOYLE, MICHAEL J**  
C/O SMG PROPERTY MANAGEMENT, INC.  
351-6TH AVENUE, WEST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent  
Name **GRAUS, Kimberly L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**9021 Town Center Parkway**  
City **BRADENTON** FL Zip Code **34202**

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 **Kimberly L. Graus** **4-7-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$300.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # <b>P95000074477</b>	NAME <b>SM-FT. MYERS, INC.</b>	STREET ADDRESS <b>9021 Town Center Pkwy</b>	
STREET ADDRESS <b>C/O 351-6TH AVENUE, WEST</b>	CITY - ST - ZIP <b>BRADENTON, FL 34202</b>	CITY - ST - ZIP <b>BRADENTON, FL 34202</b>	
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS	CITY - ST - ZIP	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: **Kimberly L. Graus** **4-7-00** **(941) 907-8788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E001 (9/99)