

2001 UNIFORM BUSINESS REPORT (UBR)

0012687 AF

DOCUMENT # A96000000569

1. Entity Name

EL DESTINO OF JEFFERSON COUNTY, LTD.

FILED
01 APR 27 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **ROUTE 3, BOX 118, MONTICELLO FL 32344**
 Mailing Address: **ROUTE 3, BOX 118, MONTICELLO FL 32344**

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

4. FEI Number: **59-3368582** | Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRON, THOMAS A
217 N. MONROE STREET
TALLAHASSEE FL 32301

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

9. Capital Contributions as Shown on record: **\$1,000,000.00** | 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 # | P96000025685 | STREET ADDRESS | |
| NAME | EL DESTINO, INC. OF JEFFERSON COUNTY | CITY-ST-ZIP | 300004133529-1 |
| STREET ADDRESS | ROUTE 3, BOX 118 | | -05/03/01--01061--007 |
| CITY-ST-ZIP | MONTICELLO FL 32344-9468 | | ***526.25 ***526.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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:  **March 16, 2001** **850-671-0658**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #
Thomas A. Barron, as Vice President of General Partner

CR2E003 (11/00)