2001	1 UNIFORM BUSI	NESS REPOR	RT (UB	R)					
DOCUMENT # A9600000802 1. Entity Name									
THE HAYS FAMILY ASSOCIATES, LTD.					FILED				
Principal Place of Business 1845 TULIP DRIVE SARASOTA FL 34239		Mailing Address 1845 TULIP DRIVE		- 1		111:44			
		SARASOTA FL 34239	SECI TALL		ETARY OF S	STATE LORIDA			
2. Principal Place of Business 2620 S. TAMilami Trl 2620 S. TAM			Ant 7	TRI.	1 180101 1 10		II 88 111 98 111 89 11	T DOSET INCO DESTO ICOL SOUS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat SAR	ASOTA, 71	City & State SARASOTA, H.		4. FEI Number 65-0662330 Applied For Not Applicable					
Zip 3423	Country	Zip 34239	Country USA:		5. Certificate o	f Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								jent	
HAYS, MICHAEL				Street Address (P.O. Box Number is Not Acceptable)					
1845 TULIP DRIVE SARASOTA FL 34239									
ON MOOTH TE OFECO			City	City FL Zip Coc				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 MICHAEL R. HAYS									
9. Capital Contributions as Shown on record. \$121,030.00 10. Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE				
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				ADDRESS CHANGES ONLY					
DOCUMENT # NAME	EDER, GALE		STREET ADDRESS	s 20	620 S	s. Tamia	umi TR	1. St 200	
STREET ADDRESS CITY-ST-ZIP	1845 TULIP DRIVE SARASOTA FL 34239		CITY-ST-ZIP			4, 71.			
DOCUMENT # NAME	HAYS, MICHAEL		STREET ADDRESS	-		-		kl Ste 200	
	1845 TULIP DRIVE SARASOTA FL 34239		CITY-ST-ZIP	SA	PASOT/	4, H.	3423	9	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER