2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000814 1. Entity Name SEA OATS LIMITED, L.L.P.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 2539 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118 Mailing Address 2539 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES						18-5502		PR 17 AMI		
Principal Place of Business 3. Mailing Address							{	OLO HORIO DINU COMI ARIA	I Ce ill ac ili e	BILL BEFOL I BID! HIBIF EIGH I BBI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	e	City & State				4. FEI Number	59-3376572		Applied For Not Applicable	
Zip	Country		Zip	Zip Co		try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name an	d Address of Current R	egistered A	gent		7. Name and Address of New Registered Agent				
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE					· .	Street Address (P.O. Box Number is Not Acceptable)				
DAYTONA BEACH FL 32115-2491										
					City FL Zip Code			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 .	Signature, typed or p	rinted name of registered agent an	d title if applicable	e. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE	
9. Capital Contributions as Shown on record. \$192,000.00 In FLORIDA to date						outions				TO DEPT. OF STATE R FEE INFORMATION
	A GE	NERAL PARTNER TH	IAT IS A B	USINESS EN	TITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS	OFFICE	•
	NOTE: G	ieneral Partners MAY			e torm	; an amendmen	t must be tiled	ADDRESS CHA		
12.	2. GENERAL PARTNER INFORMATION OCUMENT# P96000029405							ADDITEGO CAIA	NOLO ON	
NAME STREET ADDRESS	SEA OATS, INC.				STRE	ET ADDRESS		•		
CITY-ST-ZIP	DAVITONA BEACH OHODEO EL M				СПУ	-ST-ZIP				
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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 Sea Oats, Inc., General Partner of Sea Oats Limited, LLP										
SIGNATURE: BELOWIED NAME OF SIGNING GENERAL PARTNER SEA Outs, Inc. Date Dayline Phone #										