2002 UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # A9600000814  1. Entity Name							•	FILED				
SEA OATS LIMITED, L.L.P.									O2 APF	R 30 PI	M 4: 40	:
Principal Place of Business - Mailing Address  2539 SOUTH ATLANTIC AVENUE 2539 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES				SECRETARY OF STATE TALLAHASSEE, FLORIDA								
Principal Place of Business     Address     Address												
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY N	IAY 1, 200	2				
City & Sta	ate		+	City & State			4. FEI Number 50-2376579 Applied For					
Zip		Country		Zip Country		try		5. Certificate o	of Status Desired		Not App 8.75 Additiona ee Required	
	6: Name	and Address of Current	Regis	tered Agent			. •	7. Name and A	Address of New Re			
BALLET	TO 0145					Name				giotoiou Aş	jone	
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE					Street Address (f		P.O. Box Number	is Not Acceptable)	1			
DAYTONA BEACH FL 32115-2491												
						City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	
8. The above		submits this statement for			registere	ed office or	registere	ed agent, or both	, in the State of Flor			
9. Capital Contributions as Shown on record.  \$192,000.00  10. Amount of Capital Contributions in FLORIDA to date												
	A G NOTE:	ENERAL PARTNER T General Partners MA	HAT Y NO	IS A BUSINESS ENT	FITY M	UST BE F	REGIST	ERED AND AC	TIVE WITH THE	OFFICE		/N
12.		GENERAL PARTNER	INFO	RMATION	13.	,			ADDRESS CHAI			
DOCUMENT / NAME	P96000029 SEA OATS	5, INC.			STREI	T ADDRESS		-	TOO TEST OF THE	IOLS ONET		(10/6
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS 2539 SOUTH ATLANTIC AVENUE				CITY-	ST-ZIP		9000055041199				E003 (9/01)
DOCUMENT # NAME					STREE	T ADDRESS			U5/18/I	N2N10	097007 ****526.25	- 5
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP	-					
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STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP				 	<u></u>	
OCUMENT # NAME					STREE	T ADDRESS	_				· , <u>, , , , , , , , , , , , , , , , , ,</u>	
STREET ADDRESS					CITY-	ST-ZIP				<del></del>	. <u>.</u>	
OCUMENT # IAME	ı				STREE	T ADDRESS						
TREET ADDRESS					CITY-S	ST-ZIP						
OCUMENT#					STREE	ADORESS						
TREET ADDRESS	<del></del>				City-s	i						
<ol> <li>I hereby c indicated the receive</li> </ol>	ertify that the i	nformation supplied with the strue and accurate and the strue and the structure this	his filir hat my	ng does not qualify for the signature shall have the	ne exem e same	ption state egal effect	d in Secti as if mad	ion 119.07(3)(i), F de under oath; th	Florida Statutes. I fu lat I am a General F	irther certify Partner of the	that the informati	on nip or

SIGNATURE: Signature and typed President 02-08-02 386-7675684