2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # -A9600000968 1. Entity Name				FILEO
LEONARD E. LEWIS FAMILY PARTNERSHIP LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address				00 FEB -2 PM 2: 02
1310 GULF BLVD APT # 9-G CLEARWATER FL 33767 CLEARWATER FL 33767-286				
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
DEMORROW, WILLIAM			rra	n Ces L. Efinger (P.O. Box Number is Not Acceptable)
2730 WESTCHESTER DR., N. CLEARWATER FL 33761			2589	Brandywine Dr.
OLEANNAIENTE SOIST			City C/4	+ Water FL 33761
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 Frances S. Efinger Dags as L. Efinger Dags as L. Efinger Dan. 30 2000 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstaying) DATE ONDE: Registered Agent signature required when reinstaying				
9. Capital Contributions as Shown on record. \$20.00 In Amount of Capital Contributions in FLORIDA to date.				
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# NAME	LEDATIC LEONADD E	1	STREET ADDRESS	4000031276245 -02/08/0001090012
STREET ADORESS CITY-ST-ZIP	Lewis, Leonard e 1310 Gulf Blvd. Clearwater Fl 33767		CITY-ST-ZIP	****141.25 ****141.25
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DOCUMENT # NAME			STREET ADDRESS	
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 Statutés. 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				