## 2000 UNIFORM RUSINESS REPORT (URR)

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FILE D  ON MR 13 AM 10: 55  TAMPA R 3959  TAMPA R 3959  Applied Place of Business  Subs. Applied Pl	DOCUMENT # A9600001084  1. Entity Name						A STATE OF THE STA		
Malling Address  Stock Christs SCHRITTE RIVE SILITE 20  280 BARDAWAY FT. MYES FL 3801-3785  290 BARDAW	FLG FT. MYERS LIMITED PARTNERSHIP					EN ED			
Suite, Apit. 4, etc.  Suite, Apit. 5 Suite  Chy 6 State  Chy 6 State  Chy 6 State  Chy 6 State  Country  Country  Country  Country  S. Certificate of Status Deserred  S8.75 Additional  Fig. Phoppsed  6. Name and Address of Current Registered Agent  Name  FUNDESGUE GROUP, INC.  S405 CYPRESS CENTER DRIVE, SUITE 290  TAMPA FL 33609  Chy  Chy  FL  Zip Cone  Steet Address (P.O. Box Number to Nat Acceptable)  Steet Acceptable (P.O. Box Number to Nat Acceptab	5405 CYPRESS CENTER DRIVE. SUITE 290 2250 BROADWAY					· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   DO NOT WRITE IN THIS SPACE   Por Suite   Number   Suite   Sui									
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S. Outmitted of Satura Delands  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  FUNICAGUE GROUP, INC.  5405 CYPRESS CENTER DRIVE, SUITE 280  TAMPA FL 33809  City  City  FL  Zip Code  City  FL  Zip Cod	FORT MYERS, FL City & State					4. FEI Numbe	59-3394509		
FUNLEAGUE GROUP, INC.  5405 CYPRESS CENTER DRIVE, SUITE 290  TAMPA FL 33609  City FL Zip Code  6. 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 Space of prince have a required agent and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida  SIGNATURE  Signature Space of prince have a required agent and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida  Incomparison of the State of Florida State	33901		<u> </u>	Country			or status Desired	ee Required	
FUNLEAGUE GROUP, INC.  54/16 CYPRESS CENTER DRIVE, SUITE 290  TAMPA FL 33609  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida  SIGNATURE  9. Capital Contributions 8. \$99.00  10. Amount of Capital Contributions 9. Capital Contributions 18. The above no record.  11. MAKE CHECK PARABLE TO DEPT. OF STATE SER RYDINS  SIRE FLORES  NOTE: Coneral Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12.  12.  13.  14.  15. ADURESS CHANGES ONLY  POSCUMBRI AURIES  CITY-51-2P  16. CYPRESS CENTER DRIVE, SUITE 295  CITY-51-2P  17.  18. ADURESS CHANGES ONLY  STREET ADDRESS  CITY-51-2P  18. ADURESS CHANGES ONLY  18. ADURES CHANGES ONLY  18. ADURESS CHANGES ONLY  18. ADURES CHANGES	<del></del>	6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
TAMPA FL 33609  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  SIGNATURE  9. Caphaic Contributions 9. Caphaic Contrib									
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NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  2. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  P9500093765 FUNLEAGUE GROUP, INC.  405 CYPRESS CENTER DRIVE, SUITE 295 TAMPA FL 33609  DOOLMENT / NAME STREET ADDRESS CITY-ST-2P  DOOLMENT / NAME STREET AD	9. Capital Co	ontributions \$99.00 on record.	10. Amount of Cap in FLORIDA to	date.			SEE REVERSE SIDE FO	R FEE INFORMATION	
GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT  WAS  SITER ADDRESS  CITY-ST-ZP  TAMPA FL 33609  STRET ADDRESS  CITY-ST-ZP  DOCUMENT  NAVE  SITER ADDRESS  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT  NAVE  SITER ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT  NAVE  SITER ADDRESS  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT  NAVE  SITER ADDRESS  CITY-ST-ZP  DOCUMENT  SITER ADDRESS  CITY-ST-ZP  DOCUMENT  NAVE  SITER ADDRESS  CITY-ST-ZP  DOCUMENT  SITER ADDRESS  CITY-ST-ZP  DOCUMENT  NAVE  SITER ADDRESS  CITY-ST-ZP  DOCUMENT  SITER ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT  NAVE  SITER ADDRESS  CITY-ST-ZP		A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EI Y NOT be changed on t	NTITY M the form	UST BE REGIS	STERED AND A ent must be filed	CTIVE WITH THIS OFFICE I to change a general part	ner.	
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CITY-ST-2P  CITY-S	NAME		-	STR	EET ADORESS	· · · · · · · · · · · · · · · · · · ·			
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NAME STREET ADDRESS CITY - ST-ZIP  DOCUMENT *  NAME 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 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 Portida Statutes  3-6-00  SIGNATURE:	CITY-ST-ZIP			CITY	-ST-ZIP				
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