

2001 UNIFORM BUSINESS REPORT (UBR)

0020701 SP 10/0200

DOCUMENT # A96000001829

1. Entity Name
FILED
SM-E PARTNERS, LTD.
APR 16 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12334 SUMMEPORT LANE
WINDERMERE, FL 34786

Mailing Address
12334 SUMMEPORT LANE
WINDERMERE FL 34786

FILED
APR 16 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3402942** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ENGSTROM, DEAN C
12334 SUMMEPORT LANE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,538,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,538,000.**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ENGSTROM, DEAN C	12334 SUMMEPORT LANE	WINDERMERE FL 34786
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ENGSTROM, MARY R	12334 SUMMEPORT LANE	WINDERMERE FL 34786
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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, Florida Statutes

SIGNATURE: *Dean C Engstrom* **1-11-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)