## 2000 UNIFORM BUSINESS REPORT (UBR)

AZALEA OAKS GROUP, LTD.  FILE D  90 MAY 30 PM 4: 20  SECRETARY OF STATE  TAXABLE AND R. 33810  LAKELAND R. 33810  Cry & Sules  LAKELAND R. 33810  Cry & Sules  Cry & Sules  LAKELAND R. 33810  Cry & Sules  LAKELAND R. 33810  Cry & Sules  Cry & Sules  Cry & Sules  LAKELAND R. 33810  Cry & Control of the Con	DÖCUI 1. Entity Nam		00001965			
See GALLOWAY ROAD LUCELAND FL 38910  2. Principal Place of Brushness  2. Maining Address  2. Principal Place of Brushness  3. Maining Address  3. Maining Address  3. Maining Address  4. FEI Number 59-3433884  Applied for For Address  City & State  City & State  Country  For Required  Response of New Registered Agent  Name  Street Address (P.D. Box Number is Not Address of New Registered Agent  Name  Street Address (P.D. Box Number is Not Address of New Registered Agent  City  For Required  City  For Required	AZALEA	OAKS GROUP, LTD.				FILED
LAKELAND FL 33810  LAKELAND FL 33810  LAKELAND FL 33810  2. Mining Address 2. Mining Address 3. Mining Address 4. FEI Number 59-3433884  A. FEI Number 69-3433884  B. FEI Number 69-3433884	Principal Plac	e of Business	Mailing Address			00 MAY 30 PM 4: 20
Suite, Apt. F. etc.  City & State  City & St						
Suite, Apt. F. etc.  City & State  City & St	2. Principal P	Place of Business	3. Mailing Address		. =.	
Spring   S	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
### STORY OF THE PROPERTY OF T	City & State City & State			····	. <sub>(1)</sub> 1	50-3433884
6. Name and Address of Curront Registered Agent    JENKINS, E. WAYNE 3240 GALLOWAY ROAD	Zip:	Country	=== Zip	Соип	try	5 Cartificate of Status Desired S8.75 Additional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	nt Realstered Agent			
Signature    Signature   Street Accreases (P.U. Box Number is Not Acceptable)		3. Hamo and Federal 50 51 52115			Name	
Enter Address  Singer Address	·				Street Address (P.O. Box Number is Not Acceptable)	
B. 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  Syndrom, speed or private return of mile it applicable.  (ICCTE: Separative Name of mile in applicable.  (ICCTE: Separative Name of mile in special Contributions as Shown on record.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General PARTINER INFO CHANGEO on the form; an amendment must be filled to change a general partner.  SIRET ACCRESS  SIRET ACCRESS  GIV-ST-ZP	LAKELANI	D FL 33810				
SIGNATURE  Signature, typoid or privided name of requirement agent and the inspiricable.  Outs Regulated Agent signature required when recorded agent and signature required when recorded agent and signature required when recorded agent and signature required agent and signature required when recorded agent agen					City FL Zip Code	
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 filled to change a general partner.  DECEMBER 1 PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DECEMBER 1 PARTNERS GROUP I, INC.  SIRET ADDRESS  MY PARTNERS GROUP I, INC.  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  THE FLOORESS  THY ST - 2P  THE FLOORESS  THY ST - 2P  THE FLOORESS  THY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  CITY ST - 2P  COLUMBIT /  WARE  SIRET ADDRESS  CITY ST - 2P  COLUMBIT /  WARE  CITY ST - 2P  CITY	SIGNATURE .	Signature, typed or printed name of registered agontributions \$1,000.00	ant and title if applicable. (NC 10. Amount of Cap	OTE: Registere	d Agent signature required	red when reinstating)  DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE
QCOUNCITY  QCOUNCITY  P96000086S36  SM PARTINERS GROUP I, INC.  SIREET ADDRESS  MARK  GREET ADDRESS  CITY-ST-ZP  COLIMENT  COL	us onown	A GENERAL PARTNER	R THAT IS A BUSINESS E	NTITY M	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.
SIRET ADDRESS OCINV-ST-ZP COLUMENT / WARE OCCUMENT / WARE OCCU	2.	GENERAL PARTN				
COUMENT / MAKE  MAKE  MITHER ADDRESS  CITY-SI-ZIP  STREET ADDRESS  CITY-SI-ZIP  COLUMENT / MAKE  MITHER ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  ALL-Lharraby-certify-theit-the-information supplied will this filing does on quality 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 the riny signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership the receiver or trustee empowered to address the mar report as required by Chapter 620, Florida Statutes  86.3 — No. 1985  RESTADORESS  CITY SI-ZIP  C	IAME	SM PARTNERS GROUP I, INC.		STRE	EET ADDRESS	
INVEST-2P  CITY-ST-2P  CITY-ST				CITY	-ST-ZIP	ا الدراءة والدوق الراسطين الأراطين العاكسين. 
STREET ADDRESS  WHE TREET ADDRESS  CITY-ST-ZIP  COUMENT #  COUMENT	IAME			STRE	EET ADDRESS	
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  ALL-thereby certify that the information supplied with this filling does and 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 again that may sign after same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to exempt that report as required by Chapter 620, Florida Statutes  84.3-				CITY	'-ST-ZIP	9000032973795 -06/20/0001062014
CITY-ST-ZIP  COUMENT /  WAVE  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-	JAME			STRI	FET ADDRESS	**************************************
STREET ADDRESS  CITY-ST-ZIP  COCUMENT  AMME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-Z	CITY-ST-ZIP			СПУ	'-ST-ZIP	
CITY-ST-ZIP  COCUMENT  ANNE  CITY-ST-ZIP  CI	IAME		والما المحمدينين مستهارينين	STRI	EET ADDRESS	فالتقالية فيستنفظ في المستدان الما فيلح المحتفي المعاري الما المستدان
STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-Z	XTY-ST-ZIP		•	CITY	'- ST - ZIP	<u>,                                      </u>
STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  A Liberaby 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 the receiver or trustee empowered to exercise this report as required by Chapter 620, Florida Statutes  813-200				STRE	EET ADDRESS	
CITY-ST-ZIP  All-thereby certify that the information supplied with this filling 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 the receiver or trustee empowered to each it in report as required by Chapter 620, Florida Statutes  8.3-	, ceef t	741 SUA TA 2021	·	СПҮ	- ST- ZSP	
ATY-ST-ZP  4—Lhereby-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 the receiver or trustee empowered to exercise this report as required by Chapter 620, Florida Statutes  84.3-	IAME ` `	Se of Section		STRE	EET ADORESS	
0.5	XTY-ST-ZIP			I .	<u> </u>	
SIGNATURE: PRINCIPED -E/Nowne Jenkins 5-1-00 815-299	indicated the receiv			for the exe e the same opter 620, I	emption stated in Se e legal effect as if r Florida Statutes	065