## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600002120  1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS		
ENTREPRENEUR ASSOCIATES, LTD.					OO APR 17 AMII: 43		
Principal Place of Business  9090 S.E. 70TH TERRACE  OCALA FL 34472  Mailing Address  9090 S.E. 70TH TERRACE  OCALA FL 34472-3447					mf.		
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	65-0709172	Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
				Name			
HERRITT, JAMES R 9090 S.E. 70TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)			
OCALA FL 34472				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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  9. Capital Contributions as Shown on record.  \$495,000.00  10. Amount of Capital Contributions in FLORIDA to date.  \$181,813.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
A GENERAL PARTNER THAT IS A BUSINESS ENTIT				UST BE REGIS	STERED AND AC	TIVE WITH THIS OFFIC	E.
NOTE: General Partners MAY NOT be changed on the 1  12. GENERAL PARTNER INFORMATION				; an amendme	ADDRESS CHANGES ONLY		
12. DOCUMENT # NAME				ET ADDRESS		ADDITION OF MINES OF	
STREET ADORESS CITY-ST-ZIP	9090 S.E. 70TH TERRACE OCALA FL 34472		СПҮ	-ST-ZIP			
DOCUMENT # NAME				EET ADORESS	400003229 <u>98</u> 40		
STREET ADDRESS				-ST-ZBP -	-04/28/0001126002 >- ****526.25 *****526.25		
DOCUMENT# NAME				ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СПҮ	'-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			СПУ	'-ST-ZIP			
DOCUMENT# NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP			
DOCUMENT#			STR	EET ADORESS			
STREET ADORESS CITY+ST-ZIP				-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 vindicated 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

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