2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700000201 1. Entity Name								FILED :				
GWIN-HART, LTD.							00 FEB 15 PM 2: 57					
Principal Place of Business Mailing Address 36348 EMERAL COAST PKWY STE. 1201 36348 EMERAL COAST PKW DESTIN FL 32541 DESTIN FL 32541-4709					PKWY ST	E. 1201	SECRETARY OF STATE TALLANASSEE. FLORIDA					
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	59-3490636		Applied Not Ap	l For plicable	
Zip	Zip Country			Zip	p Country		5. Certificate of	of Status Desired		8.75 Additionate Required	al	
	6. Name	and Address of Cu	rrent Regi	stered Agent		Name	7. Name and	Address of New Reg	istered Ag	ent		
GWIN, CURTIS H						Street Address (P.O. Box Number is Not Acceptable)						
36348 EMERAL COAST PKWY., STE. 1201 DESTIN FL 32541												
550 m 12 050 m						City	FL Zip Code					
8. The above	named entity	y submits this statem	ent for the	purpose of changing	its registere	1 ed office or regist	ered agent, or both	, in the State of Florid	 la	1	-	
SIGNATURE .											_	
9. Capital Co		or printed name of registered \$1,000.		e if applicable. (NO		d Agent signature require Dutions	ed when reinstating)	11. MAKE CHECK				
as Shown o	A	SENERAL PARTN	ER THAT	in FLORIDA to	NTITY M	UST BE REGIS	STERED AND AC	TIVE WITH THIS	OFFICE.	FEE INFORMAT	TON S	
12.	NOTE	GENERAL PAR		OT be changed on	the form	; an amendme	ent must be filed	to change a gene ADDRESS CHAN		ier.		
DOCUMENT#	P9600009	8629	-			ET ADDRESS					(66/6	
NAME STREET ADDRESS CITY-ST-ZEP	THE GWIN COMPANY OF DESTI 36348 EMERAL COAST PKWY., S DESTIN FL 32541					-ST-ZIP		<u></u> .			(U) (SP2E003 (9/99)	
DOCUMENT# NAME			_	~	STRE	ET ADDRESS	30	-02/25/0	0001:	105007		
STREET ADDRESS CITY-ST-ZIP					СПТҮ	- ST - ZIP		****141	.25 *	****141.7	25	
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STREET ADDRESS CITY - ST - ZIP					CITY	-S1-28P						
DOCUMENT#	1		-		STRE	ET ADDRESS						
STREET ADORESS CITY-S7-ZIP		, 			I	-ST-ZIP		Photo Control		46-24-4	- Alian	
indicated	on this repor	t is true and accurat	e and that	filing does not qualify imy signature shall have ort as required by Cha	e the same	e legal effect as if	section 119.07(3)(i) made under oath;	, Florida Statutes. I fu that I am a General P	urtner certify Partner of th	y tnat the inform e limited partne	nation ership or	
SIGNAT	URE: _	SIGNATURE AND TY	PED OR PRINT	EALOW FED NAME OF SIGNING GENE	ERAL PARTNE		s bwin	2-9-00		- 8 37 - D 3	92	