

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015885 AT

DOCUMENT # **A97000000767**

1. Entity Name  
**AIF, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR -3



Principal Place of Business  
**3463 HARBOR DRIVE  
SPRING HILL FL 34607**

Mailing Address  
**3463 HARBOR DRIVE  
SPRING HILL FL 34607**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
City & State

4. FEI Number **59-3449097**

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**

**SARCHET, CATHY  
3463 HARBOR DRIVE  
SPRING HILL FL 34607**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,500 -**

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>SARCHET, CATHY</b>	<b>3463 HARBOR DRIVE</b>	<b>SPRING HILL FL 34607</b>

**700005194697--1**  
**-04/05/02--01018--026**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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: *Sarchet* **3.6.02**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

STAPLE CHECK HERE

CR2E003 (9/01)