

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001031

1. Entity Name
SHOPPES AT ANDROS ISLE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 23 PM 1:29

Principal Place of Business
12995 S. CLEVELAND AVENUE, SUITE 214
FORT MYERS FL 33907

Mailing Address
12995 S. CLEVELAND AVENUE, SUITE 214
FORT MYERS FL 33907-3807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0756171		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPREHN, SUSAN M 12995 S. CLEVELAND AVENUE, SUITE 214 FORT MYERS FL 33907				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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)		DATE	
9. Capital Contributions as Shown on record. \$2,970,000.00		10. Amount of Capital Contributions in FLORIDA to date.		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 #	P97000040897	NAME		STREET ADDRESS		FF 526.25	
NAME	SHOPPES AT ANDROS ISLE, INC.	STREET ADDRESS		CITY - ST - ZIP			
STREET ADDRESS	12995 S CLEVELAND AVENUE, SUITE 214	CITY - ST - ZIP		800003317288--5		07/10/00 01018 025	
CITY - ST - ZIP	FORT MYERS FL 33907	CITY - ST - ZIP		***526.25 ***526.25			
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CITY - ST - ZIP		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.

BY: SHOPPES AT ANDROS ISLE, INC., THE SOLE GENERAL PARTNER

SIGNATURE: *[Signature]* 4/27/00 941-278-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #