

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM

DOCUMENT # **A97000001656**

1. Entity Name
SIXTH AVENUE HOLDINGS LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

[Signature]

Principal Place of Business
**814 6TH AVE. WEST
BRADENTON FL 34205**

Mailing Address
**526 CENTRAL AVE. #200
ST. PETERSBURG FL 33701-3704**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3465080		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	
MCGUIRE, PRATT, MASIO & FARRANCE, P.A. 1001- 3RD AVENUE WEST, SUITE 600 BRADENTON FL 34205		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. \$40,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	S61449	STREET ADDRESS	
NAME	BRIGHTWATER HOLDING COMPANY, INC.	CITY - ST - ZIP	800003245828 - - 5
STREET ADDRESS	526 CENTRAL AVENUE, SUITE 200		-05/10/00--01006--032
CITY - ST - ZIP	ST. PETERSBURG FL 33701		****372.25 ****372.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
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

SIGNATURE: *[Signature]* **SIGNATURE RETURNED** **4/12/00** **727-823-1230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #