2000 UNIFORM BUSINESS REPORT (UBR)

(1)

DOCUMENT # A97000041720

1. Entity Name

SIUYA Limited Partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business	Mailing Address
1386 Tangier Way Sarasota, FL 34239	1386 Tangier Way Sarasota, FL 34239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0771632 — Applied For / Not Applicable

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
Hamilton C. Jones 1386 Tangier Way Sarasota, FL 34239	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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date:	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
1,650,000.00		

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	Hamilton C. Jones, Trustee 300 South Orange Avenue Sarasota, FL 34236	STREET ADDRESS CITY-ST-ZIP	1386 Tangier Way Sarasota, FL 34239
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Robert M. Smith, Jr. Trustee 300 South Orange Avenue Sarasota, FL 34230	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000003408350---1 09/28/00 01004--016 ****526.25 ****526.25
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14. Under penalties of perjury, I certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner or the authorized representative of a general partner; and that I am aware that false information submitted in a document to the Department of State for filing may result in the imposition of penalties. (Section 817.155, Florida Statutes)

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER