

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002035**

1. Entity Name
OLD MILL, LTD.

FILED

00 FEB 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1750 HIGHWAY A1A SOUTH, SUITE B **1750 HIGHWAY A1A SOUTH, SUITE B**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3468805		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			
BEDSOLE, JAMES E 1750 HIGHWAY A1A SOUTH, SUITE B ST. AUGUSTINE FL 32084				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$7,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$576,000.00** 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 #	P97000081576	STREET ADDRESS	
NAME	OLD MILL, INC.	CITY - ST - ZIP	
STREET ADDRESS	1750 HIGHWAY A1A SOUTH, SUITE B	STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	CITY - ST - ZIP	600003148216--3
DOCUMENT #		CITY - ST - ZIP	-02/25/00--01096--002
NAME		STREET ADDRESS	***526.25 ***526.25
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
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CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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: Howard W. Mizell **336-623-6631**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)