2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002091 1. Entity Name						,			
BETLOCK INVESTMENTS, LTD.						FILED			
Principal Place of Business Mailing Address						00 MAR 27 PM 11: 26			
1150 TARPON CENTER DRIVE 1150 TARPON CENTER DRIV UNIT 707 UNIT 707						SECRETARY OF STATE			
VENICE FL 34285 VENICE FL 34285-1109									
2. Principal Place of Business 3. Mailing Address						 	010 1014 10 3 11 00111 00111 90111		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State	e		City & State			4. FEI Number	65-0785888	Applied For Not Applicable	
Zip			Zip 	Cour			f Status Desired	\$8.75 Additional Fee Required	
6: Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
DARNELL, ROBERT W					Street Address (P.O. Box Number is Not Acceptable)				
2033 MAIN STREET, SUITE 406									
SARASOTA FL 34237					City	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its regist					ered office or registered agent, or both, in the State of Florida.				
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if epolicable. (NO	OTE: Registere	nd Agent signature required	when reinstating)	DAT	E ,	
9. Capital Contributions as Shown on record. \$977,170.00 10. Amount of Capital Contributions in FLORIDA to date.							11. MAKE CHECK PAYAI SEE REVERSE SIDE	BLE TO DEPT. OF STATE FOR FEE INFORMATION	
	A (GENERAL PARTNER TI	HAT IS A BUSINESS E	NTITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS OFFI	CE.	
NOTE: General Partners MAY NOT be changed on the form; an amendmental. 12. GENERAL PARTNER INFORMATION 13.							ADDRESS CHANGES		
DOCUMENT#	-100-00-1				EET ADDRESS				
NAME STREET ADDRESS	BETLOCK 1150-TAR	· · · · · · · · · · · · · · · · · · ·	CKCEUSEO					<u> </u>	
CITY-ST-ZIP	VENICE F		4-02-99	CHY	'-ST-ZIP				
DOCUMENT# NAME	BETLOCK	FRVA I		STR	EET ADDRESS	1 (10000191	79212	
STREET ADDRESS CITY-ST-ZIP		PON CENTER DRIVE			'-ST-ZIP	1000031979213 -04/06/0001040026 *****526,25_*****526,25			
DOCUMENT# NAME	—		Name of the second	STR	EET ADDRESS				
STREET ADORESS CITY-ST-ZIP					'-ST-ZIP	-ZIP			
DOCUMENT # NAME				STA	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP					'-ST-ZIP				
DOCUMENT# NAME	1.				EET ADDRESS	555			
STREET ADDRESS CITY - ST - ZUP	S				-ST-ZIP				
DOCUMENT# NAME					EET ADDRESS				
STPEET ADDRESS , CITY - ST - ZIP	<u> </u>				'-ST-ZIP		The state On the state of	and the state of t	
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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								certify that the information r of the limited partnership or	
SIGNATURE: GRANT STEPS TO EVALUE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Description of Printed Name of Signing General Partner Date Description of Printed Name of Signing General Partner Date Description of Printed Name of Signing General Partner Description of Printed Name of Signing General									