200	1 UNIFO	RM BUSIN	ESS REPO	RT (UB	BR)		
DOCU 1. Entity Na	JMENT #	A970000	02307		N. Janus Miles at		
H&H	REALTY & ASSOC	IATES LIMITED PARTN	ERSHIP		ILED \$141.25		
Principal Pla	ice of Business		oiling Address		11-C-P /		
9653 S.W.GRANADA COURT PALM CITY FL 34990			ailing Address D. BOX 2133 LLM CITY FL 34991		R 20 PM 12: 12		
				SECRETA TALLAHA	ARY OF STATE ASSEE, FLORIDA		
2. Principal Place of Business			. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State			City & State		4. FEI Number 65-6247031 Applied For Not Applied		
Zip	Cou	ntry Z	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and A	ddress of Current Regist	ered Agent		7. Name and Address of New Registered Agent		
UALBRAAU ARATTA IVI				Name			
-HOLBROOK, VESTER W 9853 S.W.GRANADA COURT				Street A	Street Address (P.O. Box Number is Not Acceptable)		
	PALM CITY FL 34990						
TABII OII	112 04000			City	FL Zip Code		
8. The above	e named entity submi	ts this statement for the po	urpose of changing its re	egistered office o	or registered agent, or both, in the State of Florida.		
01011171171							
SIGNATURE	Signature, typed or printed	name of registered agent and title if	applicable. (NOTE:	Registered Agent signal	nature required when reinstating) DATE		
9. Capital Contributions as Shown on record. \$6,000.00			10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENER NOTE: Gene	RAL PARTNER THAT I	S A BUSINESS ENT	ITY MUST BE	REGISTERED AND ACTIVE WITH THIS OFFICE.		
12.		ENERAL PARTNER INFO		13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	MURPHY, WILLAG	OFNE T		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS 9653 S.W. GRANADA COURT			CITY-ST-ZIP			
DOCUMENT # NAME				STREET ADDRESS	·		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT # NAME		_		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	7000041377170 -05/07/0101010003		
DOCUMENT / NAME STREET ADDRESS				STREET ADDRESS	****141.25 ****141.25		
CITY-ST-ZIP			, <u>, , , , , , , , , , , , , , , , , , </u>	CITY-ST-ZIP	١		
DOCUMENT # NAME				STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT / NAME / STREET ADDRESS				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

CITY-ST-ZIP

SIGNATURE: VISTRIA INTERPRED OF PRINTED NAME OF SIGNATURE AND TYPED OF SI

CITY-ST-ZIP

3/19/2001 (5/61) 5-97-6071