2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002372 1. Entity Name					; ;	11.50			
SANFORD EQUIPMENT FAMILY LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business 4477 CIACONA OCDEE ROAD ORLANDO FL 32810 Mailing Address 4477 CIACONA OCDEE ROAD ORLANDO FL 32810)		OO APR 24 AM 3: 05				
2. Principal Place of Business 2110 GENOVA DR Suite, Apt. #, etc. 3. Mailing Address 2110 GENO Suite, Apt. #, etc.			DVA DR		DO NOT WRITE IN THIS SPACE				
City & State OVIEDO, FI OVIEDO, FI							Applied For Not Applicable		
Zip 32765		Zip 32765	Country US	SA	5. Certificate of Stat	_	Fee R	5 Additional equired	
	6Name and Address of Current F	N	Vame	7. Name and Addre	iss of New Register	red Agent			
SANFORD, BRIAN J 2110 GENOVA DRIVE OVIEDO FL 32765-7226				Street Address (P.O. Box Number is Not Acceptable)					
			С	Dity	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 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. \$6,500.00 10. Amount of Capital Contributions in FLORIDA to date.						MAKE CHECK PAYA			
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						DDRESS CHANGES			
DOCUMENT# NAME STREET ADDRESS CITY - ST - ZIP	PRESTIGE FENCE, INC. REET ADDRESS 4477 CIACONA OCDEE ROAD			DORESS 2P	S 21/0 GENOVA ()R OVIEDO, Fl 32765				
DOCUMENT#			STREET AL	DORESS	`	/ 			
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-	ZIP					
DOCUMENT /			_ SȚREET AL	DORESS.	400	9835	169	45	
STREET ADDRESS CITY+ST-ZIP			CITY+ST	ZIP		****141.2	5 ***	*141.25	
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-	-ZIP					
DOCUMENT #			STREET AL	DORESS					
STREET ADDRESS CITY+ST+ZIP			CITY-ST-	ZIP					
DOCUMENT#			STREET AL	DORESS					
STREET ADDRESS CITY-ST-ZIP	· 		CITY-ST-						
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									