2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002397 1. Entity Name							S. c	$F[\mu]_{T}$.	
HR STARKEY LIMITED						CIVISION OF STATE 00 APR 22			
Principal Place of Business 15201 ROOSEVELT BLVD., SUITE 112 CLEARWATER FL 33760 Mailing Address 15201 ROOSEVELT 6 CLEARWATER FL 33760 CLEARWATER FL 33760						OO APR 20 AM 3: 05			
Principal Place of Business Address Mailing Address						- E NORTOU	U cio ic ial a cc ia escal oc lia sc ult i	ERVIN GENIT (URBE IRVIE ITAK IGEA IGEA	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	Э		City & State		4. FEI Number	59-3475055	Applied For Not Applicable		
Zip	Country		Zip	Coun	try	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
HAYDON, ROGERS K JR.					Street Address (P.O. Box Number is Not Acceptable)				
15201 ROOSEVELT BLVD., SUITE 112 CLEARWATER FL 33760									
					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 .	Signature, typed or	printed name of registered agent	and title if applicable. (N	IOTE. Registere	d Agent signature require	ed when reinstating)	D/	ATE	
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									
	A GI NOTE:	ENERAL PARTNER 1 General Partners MA	THAT IS A BUSINESS IN NOT be changed or	ENTITY Market the torm	UST BE REGIS ; an amendme	TERED AND AG nt must be filed	CTIVE WITH THIS OFF I to change a general	FICE. partner.	
12. GENERAL PARTNER INFORMATION							ADDRESS CHANGES	ONLY	
DOCUMENT# NAME	HR BAYSIDE UFFICE, INC.				ET ADDRESS	-	naaa32 4	158535	
STREET ADDRESS CITY - ST - ZIP	CLEARWATER FL 33760			СПҮ	-ST-ZIP	-05/10/0001082011 ****150.00 ****150.00			
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STREET ADDRESS CITY-ST-ZIP					-ST-ZIP		·		
14. I hereby certify that the information supplied with this fitting 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DESCRIPTION DE LA CONTROLLA DE LA									