

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002447

1. Entity Name
THE SNYDER FAMILY ASSOCIATES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business
122 DRIFTWOOD CIRCLE
ATLANTIS FL 33462

Mailing Address
122 DRIFTWOOD CIRCLE
ATLANTIS FL 33462-1116



2. Principal Place of Business
122 Driftwood Circle

3. Mailing Address
122 Driftwood Circle

Suite, Apt. #, etc.
Atlanta

Suite, Apt. #, etc.

City & State
FL

City & State
Atlanta, FL

4. FEI Number **65-0803265** Applied For
Not Applicable

Zip *33462* Country *USA*

Zip *33462* Country *USA*

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOLETTI, PAUL J ESQ.
317 TENTH STREET
WEST PALM BEACH FL 33401

Name-
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. *1,275,459*

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 #
NAME **SNYDER, MAX M**
STREET ADDRESS **122 DRIFTWOOD CIRCLE**
CITY - ST - ZIP **ATLANTIS FL 33462**

STREET ADDRESS
CITY - ST - ZIP **300003267019--3**
~~05/25/00 01003 021~~
******526.25 ****526.25**

DOCUMENT #
NAME **SNYDER, MARY K**
STREET ADDRESS **122 DRIFTWOOD CIRCLE**
CITY - ST - ZIP **ATLANTIS FL 33462**

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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: *Max M Snyder*
MAXIMATIME ESQ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00 561 968 9353
Date Daytime Phone #

CR2E003 (9/99)