

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000002759			
1. Entity Name FLA #1781, LTD.			
Principal Place of Business % RAMSEY DEVELOPMENT, INC. 6950 PHILLIPS HWY. SUITE 28 JACKSONVILLE FL 32216		Mailing Address % RAMSEY DEVELOPMENT, INC. 6950 PHILLIPS HWY. SUITE 28 JACKSONVILLE FL 32216-6086	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MICKLER, ROBERT O ESQ. ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202		Name <u>Randal C. Fairbanks</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>217 Ponte Vedra Park Drive, Suite 200</u>	
		City <u>Ponte Vedra Beach</u> FL Zip Code <u>32082</u>	
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 <u>Randal C. Fairbanks</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00	
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 STREET ADDRESS CITY - ST - ZIP	P97000106253 THE WILCOX GROUP, INC. 6950 PHILLIPS HWY, SUITE 28 JACKSONVILLE FL 32216	STREET ADDRESS	
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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: <u>Kristen B. DeMunn</u>		4/25/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		Daytime Phone # <u>904-332-6900</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 2 AM 10:45



DO NOT WRITE IN THIS SPACE

CR2E003 (1/01)