2001 UNIFORM BUSINESS REPORT (UBR)

0012064 AF

DOCUMENT # A97000002769

1. Entity Name

SILVER SANDS FACTORY STORES, LTD.

FILED

01 FEB -5 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% HOWARD GROUP 630 GRAND BLVD., STE. 100 DESTIN FL 32541	C/O ROB BLUE, JR. 221 MCKENZIE AVENUE PANAMA CITY FL 32401

2. Principal Place of Business	3. Mailing Address
	630 Grand Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 100
City & State	City & State: Destin FL
Zip: 32550 / Country	Zip: 32550 / Country: Walton

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3482317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, J. KEITH BURKE & BLUE, P.A. 221 MCKENZIE AVENUE PANAMA CITY FL 32401	Name: Howard J. Keith Street Address (P.O. Box Number is Not Acceptable): 630 Grand Blvd, Ste 100 City: Destin FL Zip Code: 32550

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: Keith Howard, President 1/24-01
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. $990.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A 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	P97000106333 SILVER SANDS FACTORY STORES GENERAL PARTNE 630 GRAND BLVD., SUITE 100 DESTIN FL 32541	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	800003677148--5 -02/13/01--01084--003 ****141.25 ****141.25
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CR2E003 (11/00)

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 REQUIRED — 1/24 01 — (850) 837-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #