002450 FP

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 18 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002769

1. Entity Name
SILVER SANDS FACTORY STORES, LTD.

Principal Place of Business
% HOWARD GROUP
630 GRAND BLVD., STE. 100
DESTIN FL 32541

Mailing Address
630 GRAND BLVD., STE. 100
DESTIN FL 32550

2. Principal Place of Business: 185 Grand Blvd
Suite, Apt. #, etc.
City & State: Sandestin, FL
Zip: 32550 Country

3. Mailing Address: 185 Grand Blvd
Suite, Apt. #, etc.
City & State: Sandestin, FL
Zip: 32550 Country

DUE BY MAY 1, 2003

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
HOWARD, J. KEITH
630 GRAND BLVD., STE. 100
DESTIN FL 32541

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 185 Grand Blvd
City: Sandestin 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $990.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	P97000106333	STREET ADDRESS	185 Grand Blvd
NAME	SILVER SANDS FACTORY STORES GENERAL PARTNE		
STREET ADDRESS	630 GRAND BLVD., SUITE 100	CITY-ST-ZIP	Sandestin, FL 32550
CITY-ST-ZIP	DESTIN FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	DOS-4500453 1003068796 DEPOSIT 04/18/03
CITY-ST-ZIP			
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NAME			
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E060 (10/02)

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 Keith Howard 4/14/03 (850) 837-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #