11/00)	2	9	9	_				_	ō	<b>←</b>	_	_
2	2	9	9	_				_	ō	<u> </u>	_	_
2	2	9	9	_				_	ô	<u> </u>	_	_
2	2	9	9		_	_	_		ੁ			
₹	₹	=	=	o	o			o		$\sim$	o	o
$\overline{}$	$\overline{}$					$\sim$			$^{\circ}$	О.		0
•	•			0	0	8	ŏ	$^{\circ}$	×.		0	
•			┰	9	=	9	9	=			9	
	•	•		2	₹	2	2	₹	•	$\overline{}$	2	$\overline{}$
_			•	2	₹	2	2	₹	•	$\overline{}$	2	$\overline{}$
		$\overline{}$	Ξ	2	₹	2	2	₹	•	$\overline{}$	2	$\overline{}$
m	m	<u> </u>	<u> </u>	3 3 5	Ξ	3 3 5	3 3 5	Ξ	Ξ	Ξ	3 3 5	Ξ
ဗ္ဗ	ജ	<u>ဗ</u>	<u> </u>	€ E 9	Ĕ	€ E 9	€ E 9	Ĕ	Ξ	Ξ	€ E 9	Ξ
ğ	ğ	ğ	ဋ	03 (1/0	03 (11/	03 (1/0	03 (1/0	03 (11/	33 ( <u>+</u>	33 (3	03 (1/0	33 (3
8	ğ	ğ	ဗ္ဗ	33 (37)	03 (41/	33 (37)	33 (37)	03 (41/	33 ( <u>-</u>	33 (3	33 (37)	33 (3
ğ	ğ	ğ	003	5003 (11/0	5003 (11/	5003 (11/0	5003 (11/0	5003 (11/	-003 ( <u>-</u> 1	<u>=003</u> ( <del>1</del> 1	5003 (11/0	<u>=003</u> ( <del>1</del> 1
ğ	ğ	ğ	003	5003 (11/0	5003 (11/	5003 (11/0	5003 (11/0	5003 (11/	-003 ( <u>-</u> 1	<u>=003</u> ( <del>1</del> 1	5003 (11/0	<u>=003</u> ( <del>1</del> 1
ğ	<b>72E00</b>	<b>72E00</b>	72E003 (1	72E003 (11/0	72E003 (11/	72E003 (11/0	72E003 (11/0	72E003 (11/	72E003 (11	72E003 (11	72E003 (11/0	72E003 (11
		_	こ	2	₹	2	2	₹	•	$\overline{}$	2	$\overline{}$
•	•			0	0	8	ŏ	$\circ$	҉.		0	
$\overline{}$	$\overline{}$			$\sim$		×	≍		=		$\sim$	
$\overline{}$	$\overline{}$								$^{\circ}$	Ō.		Ō

200	1 UNIFORM BUS	SINESS REPO	RT	(UBR)			
DOCU 1. Entity Nan	MENT # A970	00002774					
LEGEND	S III, LTD.	ι'.	•		FILED		
Principal Plac	ce of Business	Mailing Address			01 JUN -6 PM 12: 19		
220 N. MAIN	-	P.O. BOX 13116 GAINESVILLE FL 32604			SECRETARY OF STATE		
CAMEOVICEE	TE GEOGR	CANALOTIEE IL VEVOT					
2. Principal F	Place of Business	3. Mailing Address			T 1983 BALLA ABALLA BARLA BALLA BALL	B    (B       <b>  </b>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		(	DO NOT WRITE IN THIS SPA	.CE	
City & Star	te	City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3541391	Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8	3.75 Additional Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Age		
COLLIER	NATHAN S			Name			
220 N. MAIN ST. GAINESVILLE FL 32601				Street Address (I	P.O. Box Number is Not Acceptable)		
				City Zip Code			
The above named entity submits this statement for the purpose of changing its reg				City FL Zip Code			
8. The above	named entity submits this statement	for the purpose of changing its r	egistere	ed office or registere	ed agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registere	d Agent signature required	when reinstating) DATE		
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF ST SEE REVERSE SIDE FOR FEE INFORMA							
as Silowii	A GENERAL PARTNER	THAT IS A BUSINESS ENT	TY-M	UST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE.		
12.		ER INFORMATION	13.	; an amendmen	t must be filed to change a general partne ADDRESS CHANGES ONLY	r.	
DOCUMENT # NAME	P97000103154 DECEMBER PROPERTIES, INC.		STRE	ET ADDRESS			
STREET ADDRESS City-ST-ZIP	220 N. MAIN ST. GAINESVILLE FL 32601	·	CITY	-ST-ZIP			
DOCUMENT / NAME			STRE	ET ADORESS	and the second s		
STREET ADDRESS	•		CITY	ST-ZIP	-06/14/010112		
DOCUMENT #			CTDE	ET ADORESS	****150,00 **	**150.00-	
NAME STREET ADDRESS			SINC	ET AUURESS			
CITY-ST-ZIP			CITY	ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			C!TY-	-ST-ZIP			
DOCUMENT.			STRE	ET ADDRESS		· ·	
name Street address			CITY	ST-ZIP			
CITY-ST-ZIP DOCUMENT #			GIII	51-23			
NAME	, , , ,	11//2	STRE	ET ADDRESS			
STREET ADDRESS !		[[]]	CITY-	ST-ZIP			
14. I hereby of indicated the receiv	certify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	ith this filling does not qualify for the first may be instructed that the second second in the second second in the second second in the second seco	he exer se same r 620, F	nption stated in Sec legal effect as if m lorida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify tade under oath; that I am a General Partner of the	that the information limited partnership or	
SIGNAȚ	URE: SIGNATURE AND TYPED	OF PRINTED NAME OF SIGNAMS GENERAL	ED PARTNEI	<u> </u>	4/20/01 359/3	75 - 2152-	
	- DAWA	6/0-11					