2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000159 FILED 1. Entity Name 00 MAY 15 PM 2:42 AMERICAN INVESTMENTS OF SARASOTA, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1642 BAYWOOD WAY 1642 BAYWOOD WAY SARASOTA FL 34231-4723 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARNELL-ROBERT W Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET, SUITE 400 SARASOTA FL 34237 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$449,410.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. CR2f.0(3 (9/99) DOCUMENT # STREET ADDRESS 200003254502-AIDLIN, SAMUEL S NAME -0:5/16/00---01050---005 1642 BAYWOOD WAY STREET ADDRESS CITY - ST - 789 ****578.75 ****526.25 SARASOTA FL 34231 CITY-ST-7P DOCUMENT# STREET ADDRESS AIDLIN, RUTH 1642 BAYWOOD WAY STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP DOCUMENT # STREET ADDRESS AIDLIN STEPHEN H-1642 BAYWOOD WAY STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP DOCUMENT # STREET ADDRESS AIDLIN, MARY K NAME 1642 BAYWOOD WAY STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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