

2001 UNIFORM BUSINESS REPORT (UBR)

0011238 AF

DOCUMENT # **A98000000159**

FILED

01 MAY 25 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
AMERICAN INVESTMENTS OF SARASOTA, LTD.

| | |
|--|--|
| Principal Place of Business 1642 BAYWOOD WAY SARASOTA FL 34231 | Mailing Address 1642 BAYWOOD WAY SARASOTA FL 34231 |
|--|--|



DO NOT WRITE IN THIS SPACE **MJM**

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 65-0808325 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DARNELL, ROBERT W
2033 MAIN STREET, SUITE 400
SARASOTA FL 34237**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **5/15/01**)

9. Capital Contributions as Shown on record. **\$449,410.00**

10. Amount of Capital Contributions in FLORIDA to date. **449410.00**

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 | |
|---------------------------------|--------------------------|
| DOCUMENT # | AIDLIN, SAMUEL S |
| NAME | 1642 BAYWOOD WAY |
| STREET ADDRESS | SARASOTA FL 34231 |
| CITY-ST-ZIP | |
| DOCUMENT # | AIDLIN, STEPHEN H |
| NAME | 1642 BAYWOOD WAY |
| STREET ADDRESS | SARASOTA FL 34231 |
| CITY-ST-ZIP | |
| DOCUMENT # | AIDLIN, MARY K |
| NAME | 1642 BAYWOOD WAY |
| STREET ADDRESS | SARASOTA FL 34231 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 588804419325--3 |
| CITY-ST-ZIP | -06/14/01--01026--007 |
| | ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **5/15/01** Daytime Phone **941-924-9641**

CR2E003 (11/00)