

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000821**

1. Entity Name  
**SEDCAP PARTNERS I, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:57

Principal Place of Business  
111 NORTH ORANGE AVENUE, SUITE 1060  
ORLANDO FL 32801

Mailing Address  
111 NORTH ORANGE AVENUE, SUITE 1060  
ORLANDO FL 32801-2348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3503206</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SEDACCA, BENNET</b> <b>111 NORTH ORANGE AVENUE, SUITE 1060</b> <b>ORLANDO FL 32801</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$25,000,000.00**

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 #	<b>P98000029193</b>	STREET ADDRESS	
NAME	<b>SEDCAP ASSET MANAGEMENT, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>111 NORTH ORANGE AVENUE, SUITE 1060</b>		
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>		
DOCUMENT #		STREET ADDRESS	<b>700003195477-2</b>
NAME		CITY - ST - ZIP	<b>-04/04/00--01081--009</b>
STREET ADDRESS			<b>****526.25 ****526.25</b>
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/00

Date

Daytime Phone #

CR2E003 (9/99)