2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # PLAZA GROUP, L		0000988					
Principal Place of Business 6885 HAYTER DRIVE LAKELAND FL 33813 Mailing Address 6885 HAYTER DRIVE LAKELAND FL 33813				31				
2. Principal Place of Business			3. Mailing Address			}	88111 88118 18181 18181 1811 1881 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State		4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip Country			Zip Country			5. Certificate of Status Desired	\$8.75 Additional	
=	6. Name and Ac	idress of Current	Registered Agent	1 -	<u> </u>	7. Name and Address of New Registered	Fee Required Agent	
	·			Na	me			
HERMAN, THOMAS R 6885 HAYTER DRIVE				Stre	eet Address	et Address (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33813				<u>-</u>				
				City	У	FL	Zip Code	
8. The above	named entity submi	ts this statement for	the purpose of changing i	its registered offi	ce or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .				OTE: Registered Agent		ed when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 9. Capital Contributions \$990.00 10. Amount of Capital				oital Contribution		11. MAKE CHECK PAYABL		
as Shown			in FLORIDA to		BE REGIS	SEE REVERSE SIDE FO	OR FEE INFORMATION	
·	NOTE: Gene	ral Partners MA	Y NOT be changed on	the form; an	amendme	nt must be filed to change a general pa	rtner.	
12. GENERAL PARTNER INFORMATION DOCUMENT # P98000036471				13.		ADDRESS CHANGES ONLY		
NAME GRAND PLAZA GROUP, INC.			,	STREET ADD	RESS	TS C	<u> </u>	
STREET ADDRESS City-St-Zip	6885 HAYTER D LAKELAND FL 3			CITY-ST-ZIF	,		基 卫	
DOCUMENT#				STREET ADD	RESS	PS PR	一届	
STREET ADORESS CITY-ST-ZIP				CITY-ST-Z	,	FF	≥ □	
DOCUMENT #	7 No # 1 1 1 1 1	िंद्रकीर सम्बद्ध		STREET ADD	RESS		, Q.	
NAME STREET ADDRESS CITY - ST - ZIP		•		CITY-ST-ZIF			₩ 67	
DOCUMENT #		······································	<u> </u>	STREET ADD	RESS	4000032286	9840	
NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIF	, —) <u>1049009</u> ****141.25	
DOCUMENT# NAME				STREET ADO	RESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIF	,			
DOCUMENT#		g a final as		STREET ADD	RESS			
STREET ADDRESS CITY+ST-ZIP				CITY-ST-ZE	,			
indicated	I on this report is true	and accurate and	that my signature shall hav s report as required by Cha	ve the same lega apter 620, Florida	d effect as if a Statutes	Section 119.07(3)(i), Florida Statutes. I further of made under oath; that I am a General Partner o	of the limited partnership or	
SIGNAT	TURE:	NATURE AND TYPED OR	PRINTED NAME OF SIGNING GEN	REFFEE ERAL PARTNER	8. GA	CANS 4/26/00	(863) 680 - 572 O Daytime Phone #	
· -			· <u>·</u>		,	DEFY GET.		