

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001465**

1. Entity Name
ST. AUGUSTINE OUTLET WORLD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 6:03

Principal Place of Business
C/O ESTEIN & ASSOCIATES USA, LTD.
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address
C/O ESTEIN & ASSOCIATES USA, LTD.
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819-9452



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3519090		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VEGOSEN, DEAN 500 S. AUSTRALIAN AVENUE, 10TH FLOOR WEST PALM BEACH FL 33401				Name Lothar Estein			
				Street Address (P.O. Box Number is Not Acceptable)			
				5211 International Drive			
				City Orlando		State FL	

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 **Lothar Estein, President of General Partner** DATE **3-30-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$18,000,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	L98000000490 WELP ST. AUGUSTINE OUTLET, L.C. 500 S. AUSTRALIAN AVENUE WEST PALM BEACH FL 33401	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	BK
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	4/10
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	300003213263--8
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	-04/18/00--01104--016
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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** **Lothar Estein** DATE **3-30-00** DAYTIME PHONE # **407-354-3307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)