2000 UNIFORM BUSINESS REPORT (UBR)

Front St

SIGNATURE:

DOCUMENT # A9800001496 *					** -		
1. Entity Name FRONT STREET PARTNERS, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 201 FRONT STREET. SUITE 107 KEY WEST FL 33040 Mailing Address 201 FRONT STREET. SUITE KEY WEST FL 33040-8346					00 JUN -5 PM 1: 33		
2. Principal Place of Business 3. Mailing Address						18 1814B Bill 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			59-2408232	Applied For Not Applicable	
Zip	Country Zip C		Count	try	5. Certificate of Status Desired Sa.75 Additional Fee Required		
*	6. Name and Address of Curren	t Registered Agent		Name	=7: Name and Address of New Registered Agent	- 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SCALES, EDWIN A ESQ				Name			
201 FRONT STREET, SUITE 110				Street Address (P.O. Box Number is Not Acceptable)			
KEY WEST FL 33040							
•				City FL Zip Code			
8. The above	named entity submits this statement	for the purpose of changing	ng its registere	ed office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: Registered	d Agent signature requ	uired when reinstating) DATE		
9. Capital Co	ntributions \$4,000,000.00		Capital Contrib		11. MAKE CHECK PAYABLE TO DEPT. SEE REVERSE SIDE FOR FEE INFO		
	A GENERAL PARTNER	THAT IS A BUSINESS	S ENTITY M	UST BE REGI	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	Santagement of the Control of the Co	
12.	GENERAL PARTNI		13.	, an amenan	ADDRESS CHANGES ONLY		
DOCUMENT#	P98000054535			REET ADDRESS			
NAME	FRONT STREET PARTNERS, INC. 201 FRONT STREET, SUITE 224 KEY WEST FL 33040		OHE		.90000330 7 559 5728700010420	—— U ШЗ	
STREET ADDRESS CITY - ST - ZIP			СПУ	-ST-ZIP	****437.50 ****437.50		
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STREET NOWNESS			СПУ	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
14 Lhoroby	certify that the information supplied w	ith this filing does not qua	lify for the exe	mption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the	e information	
indicated the receiv	on this report is true and accurate an ver or trustee empowered to execute t	id that my signature shall his report as required by	nave the same Chapter 620. F	e legal effect as Florida Statutes	if made under oath; that I am a General Partner of the limited	partnership or	

S. Inc. Swift, III, Its President

THEO OR PRINTED HAME OF SIGNING GENERAL PARTNER

3/28/00 Date (305) 296–3609 Daytime Phone #