

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001541

1. Entity Name
GORDON-MILLS MILES LIMITED PARTNERSHIP

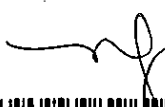

Principal Place of Business 77 PARK PLACE ST. AUGUSTINE FL 32084	Mailing Address 77 PARK PLACE ST. AUGUSTINE FL 32084
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02

DO NOT WRITE IN THIS SPACE

4. FEI Number 593523347	APPLIED FOR	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UPCHURCH, DAVIS JR.
1510 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$118,318.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P98000055977 RUDCARLIE, INC. 77 PARK PLACE ST. AUGUSTINE FL 32084	STREET ADDRESS	400003359924--8 -08/17/00--01001--024
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Resale Gordon-Mills 77 Park Place St. Augustine, FL 32084	STREET ADDRESS	***926.25 ***926.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Carlotta Gordon Miles 77 Park Place St. Augustine, FL 32084	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Carlotta Miles 77 Park Place St. Augustine, FL 32084	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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: *Rosalie P. Gordon-Mills* 8/4/00

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