DOCUMENT # A9800001908 1. Entity Name PIRATES COVE OF GREENVILLE LTD.				SECRETARY SECRETARY SECRETION OF C	.C.D Y OF STATE		
				SECRETISION OF C	ORPORATIONS		
5700 S.W. 34TH STREET. SUITE 1307 5700			lailing Address 6700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608-5371		00 FEB -7 00 FEB -7		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number 62-1749526	Applied For	
Zip Country		Zip	ip Country		5. Certificate of Status Desired	\$8.75 Additional	
	S. Name and Address of Correct			,	7. Name and Address of New Registered	Fee Required	
	6. Name and Address of Current	Hegistered Agent		Name			
DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY FL 32669				Street Address (P.O. Box Number is Not Acceptable)			
				City	ity FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registe							
SIGNATURE . 9. Capital Coras Shown of	טטיטטו ש	10. Amount of Capita in FLORIDA to de	al Contri	d Agent signature require	11. MAKE CHECK PAYAB		
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE IN IT IN	CE. artner.	
12.	GENERAL PARTNER		13.		ADDRESS CHANGES C		
DOCUMENT# NAME	5700 W.W. 34TH STREET, SUITE 1307		STR	EET ADDRESS			
STREET ADDRESS City • ST - ZIP			СПУ	′-ST-ZIP	7000031 38 -02/17/00-	30275 -01005023	
DOCUMENT# NAME			STR	EET ADORESS	****150.00	****150.00	
STREET ADORESS CITY-ST-ZIP			CITY	'-ST-ZIP			
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STREET ADDRESS City - St - Zip			СПУ	/-ST-20P			
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DOCUMENT# NAME			STR	EET ADDRESS			
STREET ADDRESS City - St - Zip			<u></u> ᆜ	'-ST-ZIP			
14. I hereby of indicated the receiv	pertify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute this	this filing does not qualify for that my signature shall have s report as required by Chap	the exe the sam ter 620,	emption stated in S e legal effect as if Fiorida Statutes	Section 119.07(3)(i), Florida Statutes. I further of made under oath; that I am a General Partner	certify that the information of the limited partnership or	

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TREED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date