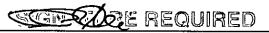
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800002128 1. Entity Name					FILED STATE	5/20	
SUMMERFIELDS EQUINE GROUP, LTD.					FILED STATE ISION OF CORPORATIONS		
Principal Plac	a of Rusiness	Mailing Ad	Idraee	U.	HAY -2 PH 1:28		
Principal Place of Business 2100 SE 17TH STREET. SUITE 204 OCALA FL 34471 Mailing Address 2100 SE 17TH STREET. SUITE 204 OCALA FL 34471							
2. Principal Place of Business 3. Mailing Address				A TRANSPILATION PRINCIPAL REPORT OF A STATE AND ASSESSMENT OF A STATE AND A ST			
Suite, Apt. #, etc. Suite, Apt. #, etc.			·		DUE BY MAY 1, 2002		
City & State		·	City & State		4. FE) Number 59-3603250	Applied For Not Applicable	
Zip	Country Zip			untry	5. Certificate of Status Desired See Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
CURTIS	WILLIAM W		**= =	The second secon			
2100 SE 17TH STREET, SUITE 204 OCALA FL 34471				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 Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. 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	L98000001600 SUMMERFIELDS, L.C. 2100 SE 17TH STREET, SUITE 204 OCALA FL 34471			REET ADDRESS		10/0	
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP		5030	
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DOCUMENT # NAME			STR	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP			
DOCUMENT / NAME			STF	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СІТ	Y-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



352-401-1900 4/8/00-352-245-7244 Daving Prone #