2000	UNIFORM BUS	SINESS REPO	RT (UBH	s)	
DOCUMENT # A98 00000 2724  1. Entity Name					
•				FILED	
Georg, Ud.				00 APR -7 AM 10: 04	
Principal Place of Business Malling Address			· · ·		
4332 44TH ST	_	4332 44TH STREET SOUTH		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711			1-4426		
Principal Place of Business     Address     Mailing Address				Transferration for the first of the state of the Collection of the	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number   Applied For   Nor Applied For   Nor Applicable	
Zip	Country Zip Cou		Country	5 Certificate of Status Decired S8.75 Additional	
	6. Name and Address of Curre	nt Registered Agent	<del>;</del>	7. Name and Address of New Registered Agent	
6. Hallie and Address of Garrett Hegisteree Agent		Name			
BRALY, ANNE M			Street Ad	dress (P.O. Box Number is Not Acceptable)	
	iish drive south At Key Fl 34228		42=	9- 1414 SI S	
LONGDOA	(I KEI I E 04220		City	City Cy Payershy Co FL Zacto 11	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, so the State of Fiorida.					
8. The above	named entity submits this statement	for the purpose of changing its in	egistered diffice of	registered agent, or both, warre state or nonca.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE					
9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE					
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  12. GENERAL PARTNER INFORMATION 13.				ndment must be filed to change a general partner.  ADDRESS CHANGES ONLY	
12. GENERAL PARTNER INFORMATION  DOCUMENT #			STREET AOORESS	1/222 1/14n SI S	
NAME	BRALY, ANNE M TRUSTEE		SINCETAGELL	4550-44"15+5	
STREET ADDRESS CITY - ST - ZIP	788 SPANISH DRIVE SOUTH LONGBOAT KEY FL 34228		CITY-ST-ZIP	St Petersburg FL 33711	
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-SI-ZIP		
DOCUMENT #	·		STREET ADDRESS	<b>3000032173335</b> -04/21/0001003004	
NAME STREET ADDRESS	-			****\$28.25 <u>***</u> *528.25	
CTTY-ST-ZIP			CTY-ST-ZIP	10 11 m	
DOCUMENT # NAME			STREET ADDRESS		
STREET ADORESS			CCTY+ST-ZIP		
CITY-ST-ZP DOCUMENT#		<del></del>	STREET ADDRESS		
NAME STREET ADDRESS		•	1		
CITY-ST-ZIP	,		CITY+ST+ZIP		
DOCUMENT#	· · ·		STREET ADDRESS		
STREET ADDRESS	3)		CITY-ST-ZEP		
CITY-ST-ZP	[		GITT GIT LEF	·	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 4-5-00 X 727-867-3608