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2000	UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # A9800	00002843	FILEO				
BOOTH FAMILY LIMITED PARTNERSHIP		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business GRAND VILLAS. UNIT 520 9815 HIGHWAY 98. WEST Mailing Address GRAND VILLAS. UNIT 52 9815 HIGHWAY 98. WEST				00 APR 26 AM 3: 05		
DESTIN FL 32541-4111 DESTIN FL 32541						
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.		<u>-</u>		DO NOT WRITE IN THIS SPACE		
City & State City & State City & State				4. FEI Number Applied For		
Zip Country Zip		Country	' I B CONTINCATA OF STATUS DESIGN I I T T T T			
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BOOTH, WALLACE R			Name Street Address (P.O. Box Number is Not Acceptable)			
GRAND VILLAS, UNIT 520		-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9815 HIGHWAY 98, WEST DESTIN FL 32541-4111		-	City	FL Zip Code		
8. The above named entity submits this statement for	or the purpose of changing its	registered o	office or register	red agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Ag	gent signature required	when reinstating) DATE		
9. Capital Contributions as Shown on record. \$742,125.00	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 PARTNE	R INFORMATION	13.		ADDRESS CHANGES ONLY		
DOCUMENT # NAME BOOTH, WALLACE R STREET ADDRESS GRAND VILLAS, #520, 9815 HWY. 98 WEST CITY-ST-ZIP DESTIN FL 32541-4111		STREET A	- - -			
DOCUMENT # NAME BOOTH, JOAN DOLORES STREET ADDRESS GRAND VILLAS, #520, 9815 HWY. 98 WEST DESTIN FI 32541-4111		STREET A	<u> </u>	3000032453331 -05/03/0001111020 ****526.25 *****526.25		
DOCUMENT #	DECTINATE OF STATES		ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP		CITY ST-	ZIP			
DOCUMENT # NAME		STREET A	ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST	- ZI P			
DOCUMENT # NAME		STREET A	ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-	-ZIP			
DOCUMENT # NAME ₂		STREET A	ADDRESS			
STREE CITY STREET		CITY-ST				
14. Thereby 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 employeed to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE Date Date						