

# 2001 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT #</b>	<b>A98000002852</b>
<b>1. Entity Name</b>	
SHHMOB PENSACOLA, LTD.	

**FILED**  
01 AUG 10 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b>	<b>Mailing Address</b>
1900 INTERNATIONAL PARK DRIVE, SUITE 100 BIRMINGHAM AL 35274-2603	1900 INTERNATIONAL PARK DRIVE, SUITE 100 BIRMINGHAM AL 35274-2603

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY SEPTEMBER 26, 2001</b>	
<b>4. FEI Number</b>	<b>63-1217543</b>
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
C T CORPORATION SYSTEM 1200 SQUATH PINE ISLAND ROAD PLANTATION FL 33324

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. Capital Contributions as Shown on record.</b>	<b>\$1,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>\$1,000.00</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	F98000006993	STREET ADDRESS	
NAME	JOHNSON DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1900 INTERNATIONAL PARK DR., SUITE 100		
CITY-ST-ZIP	BIRMINGHAM AL 35243		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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**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**

<b>SIGNATURE:</b>	<b>SIGNATURE</b>	<b>8/8/01</b>	<b>205/967-2310</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E003 (5/01)

STAPLE CHECK HERE