

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0013906  
AF

DOCUMENT # **A98000002926**

1. Entity Name

**SAN RAFAEL PARTNERS, LTD.**

01 APR 27 PM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4944 SAN RAFAEL TAMPA FL 33629</b>	Mailing Address <b>4944 SAN RAFAEL TAMPA FL 33629</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-3551352</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**WILLIAMS, JERRY L  
4944 SAN RAFAEL  
TAMPA FL 33629**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAMS, JERRY L 4944 SAN RAFAEL TAMPA FL 33629</b>	STREET ADDRESS	
		CITY-ST-ZIP	<b>0000004194510--6</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAMS, JANE J 4944 SAN RAFAEL TAMPA FL 33629</b>	STREET ADDRESS	<b>-05/10/01--01130--005</b>
		CITY-ST-ZIP	<b>****526 25 ****526 25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-01

813-286-0721  
Daytime Phone #

CR2E003 (11/00)