2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000634

1. Entity Name

SEDONA RANCH LIMITED PARTNERSHIP

FILED

01 FEB 15 AM 11: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
600 CLEVELAND STREET, SUITE 670 CLEARWATER FL FL 33755	600 CLEVELAND STREET, SUITE 670 CLEARWATER FL FL 33755

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. *Suite 460*	Suite, Apt. #, etc. *Suite 460*
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3576231**

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA, INC
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name *Elise K. Winters*

Street Address (P.O. Box Number is Not Acceptable) *600 Cleveland st*
Suite 940

City *Clearwater* FL Zip Code *33755*

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

9. Capital Contributions as Shown on record. **$50.00**	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 # P99000024475 NAME SEDONA RANCH GENERAL CORP. STREET ADDRESS 600 CLEVELAND STREET, SUITE 990 CITY-ST-ZIP CLEARWATER FL FL 33755	STREET ADDRESS *Suite 460* CITY-ST-ZIP 5000037447755---9 --02/21/01--01023--015 ****141.25 ****141.25
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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

SIGNATURE: _____ 1-19-01   727-449-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #