

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A99000000700
1. Entity Name	HICKORY FLAT PARTNERS 2000, LTD.

Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751	Mailing Address P.O. BOX 4961 ORLANDO FL 32802
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY SEPTEMBER 26, 2001	
4. FEI Number APPLIED FOR 59-3623983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801

7. Name and Address of New Registered Agent
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 _____ (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
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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 #	L00000001036	STREET ADDRESS	100004527391--8
NAME	CED CAPITAL HOLDINGS XIV P, L.L.C.	CITY-ST-ZIP	-08/09/01--01071--018
STREET ADDRESS	1551 SANDSPUR ROAD		****541.25 ****541.25
CITY-ST-ZIP	MAITLAND FL 32751		
DOCUMENT #	M99000000626	STREET ADDRESS	
NAME	NUROCK CAPITAL PARTNERS I, LLC	CITY-ST-ZIP	
STREET ADDRESS	5920 ROSWELL ROAD, SUITE B107-184		
CITY-ST-ZIP	ATLANTA GA 30328		
DOCUMENT #		STREET ADDRESS	
NAME	Adm - 400.00	CITY-ST-ZIP	
STREET ADDRESS	AR 52.50		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	AR SUPP 88.75	CITY-ST-ZIP	
STREET ADDRESS	541.25		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 REQUIRED	8/10/01	407/741-8500
CEC CAPITAL HOLDINGS XIV P, L.L.C.		Date	Daytime Phone #

FILED
01 AUG -7 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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