

2001 UNIFORM BUSINESS REPORT (UBR)

0010834 AF

DOCUMENT # A99000000877

1. Entity Name

ST. ARMANDS CIRCLE INVESTMENTS, LTD.

FILED

01 MAY 18 AM 11:29

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 181 CARICA ROAD NAPLES FL 34108		Mailing Address 181 CARICA ROAD NAPLES FL 34108	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-6143813	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HECKER, SUSAN BARRETT
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$4,000,000.00	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 #	L99000001125	STREET ADDRESS	000004418930--6
NAME	ST. ARMANDS CIRCLE INVESTMENTS, LLC.	CITY-ST-ZIP	06/14/01-01003-004
STREET ADDRESS	181 CARICA ROAD		****526.25 ****526.25
CITY-ST-ZIP	NAPLES FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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] DATE: 4/21/01 (941) 591-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: SCOTT A. SCAUGHTER

CR2E003 (11/00)