2001	UNIF	ORM	BUSINESS	REPORT	(URR)
	OITH	OUM	DOSHITESS	NEPUNI	(UDN)

DOCU	JMENT # A9900						
SOUTH SEBRING S.C., LTD.					FILED		
Principal Place of Business Mailing Address					01 APR -6 PM 1:59		
C/O SOUTHERN MANAGEMENT & DEVELOPMENT. LP 21301 POWERLINE ROAD. SUITE 312 BOCA RATON FL 33433		C/O SOUTHERN MANAGEMENT & DEVELOPMENT. LP 21307 POWERLINE ROAD. SUITE 312 BOCA RATON FL 33433			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal	3. Mailing Address	Aailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number (65–6935273) Applied For APPLIED FOR Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent			
				Name			
BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST			j	Street Address (F	t Address (P.O. Box Number is Not Acceptable)		
	ON FL 34205						
				City	ty FL Zip Code		
8. The above	e named entity submits this statement for	the purpose of changing its r	egister	ed office or registere	nd agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent an	kt title if applicable (NOTE:	Registere	d Agent signature required v	when reinstating) DATE		
9. Capital Co		10. Amount of Capital	Contri		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER TH	IAT IS A BUSINESS ENT	ITY M		ERED AND ACTIVE WITH THIS OFFICE.		
12.	GENERAL PARTNER		13.	; an amendment	must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT #	G66829			CT LORDECC			
NAME	TAMNOR CORPORATION		SIME	EET ADDRESS	9000039963690 		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	****526.25 ****526.25		
DOCUMENT # NAME	G66830 NORTAM CORPORATION		STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS 5410 HOMBERG DRIVE			-ST-ZIP			
DOCUMENT # NAME	025859			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	21301 POWERLINE ROAD, SUITE : IBOCA RATON FL 33433	312 	CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	,		
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	·		
indicated	certify that the information supplied with the on this report is true and accurate and the or trustee empowered to execute this true.	iat my signature shall have the	e same	i legal effect as if ma	tion 119.07(3)(i), Florida Statutes. I further certify that the information ide under oath; that I am a General Partner of the limited partnership or		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/01

865-584-4175

Daytime Phone #