

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001384

1. Entity Name
SEA VILLAS LIMITED PARTNERSHIP

Principal Place of Business
401 CENTRE STREET
2ND FL
FERNANDINA BEACH FL 32034

Mailing Address
401 CENTRE STREET
2ND FL
FERNANDINA BEACH FL 32034

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 25 AM 11:02



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1616 Ashley River Rd.
Suite, Apt. #, etc.

City & State
Charleston, SC

Zip
29407

Country
Charleston

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, ARTHUR I
401 CENTRE STREET, 2ND FL
FERNANDINA BEACH FL 32034

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. **\$1,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	F99000004369 LAUREL ONE CORPORATION 401 CENTRE STREET FERNANDINA BEACH FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	300003415033--1
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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: SIGNATURE RECEIVED **9/19/00** Date Daytime Phone #

CR2E003 (5/00)