2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # A9900001567  1. Entity Name				FILED		
MANDALAY BEACH CLUB, LTD.				(	10 APR -3 PM 12: 12	
				ECRETARY OF STATE		
Principal Place of Business Mailing Address 2201 4TH STREET NORTH, SUITE 200 2201 4TH STREET NORTH			H. SUITE		LEARNASSEE, PEUNIDA JI	
ST. PETERSBURG FL 33704 ST. PETERSB			PETERSBURG FL 33704-4300			
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
CHEEZEM, J. MICHAEL 2201 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33704				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 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.  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	ST. PETERSBURG FL 33704		STF	REET ADDRESS	9000032137490 -04/19/0001004017	
STREET ADDRESS CITY+ST-ZIP			cm	Y-ST-ZIP	900003213749~~0	
DOCUMENT#			STF	REET ADDRESS	900032137490 -04/19/0001004017 ****141.25 ****141.25	
STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP		
DOCUMENT#				REET ADDRESS		
NAME	S			Y-ST-ZIP		
CTTY-ST-ZIP DOCUMENT#				REET ADDRESS		
NAME STREET ADDRESS				Y-ST-ZIP		
CSTY-ST-ZIP DECUMENT#	P STI					
NAME SYREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
DOCUMENT# NAME				REET ADDRESS		
STREET ADDRESS CITY - ST - ZIP				Y-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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
SIGNATURE:    SIGNATURE and TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Dayline Phone #						