LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -7 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A99000001685

1. Entity Name
Sandifer Partnership, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2145 Dennis Street	2145 Dennis Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32204 Country: U.S.A.	Zip: 32204 Country: U.S.A.

DUE BY MAY 1

4. FEI Number: 59-3603382 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael A. Sandifer

Street Address (P.O. Box Number is Not Acceptable):
2145 Dennis Street

City: Jacksonville FL Zip Code: 32204

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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
$4,000,000	$2,650,000	

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

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
Sandifer Enterprises, Inc. 2145 Dennis Street Jacksonville, Florida 32204	

CP926 Temp ID
200005763922--9
-06/12/02--01076--014
****926.25 ****926.25

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E003B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Michael A. Sandifer Date Daytime Phone #