2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # A9900001932 I. Entity Name THE SCHREIBER PARTNERSHIP, LTD.					· ·	FH Ch	•
					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Washingt Diagraph Dyninger					OO MAY - 1 AM 10: 33		
Principal Place of Business Mailing Address 549 POPE AVENUE, N.W. 549 POPE AVENUE, N.W.			E. N.W.			. 787 100 0	3
WINTER HAVEN FL 33881 WINTER HAVEN FL 33881-4			. 33881-4678				
. Principal Place of Business 3. Mailing Address						FOR TO THE COURT OF THE COURT O)(89191) RIB 18188 2181 1884
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	е	City & State	City & State		4. FEI Number 59 – 36	514217	Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COUDEIDED MADY				. Name .			
SCHREIBER, MARK 549 POPE AVENUE, N.W.				Street Address (P.O. Box Number is Not Acceptable)			
WINTER HAVEN FL 33881							
				City	FL Zip Code		
. The above named entity submits this statement for the purpose of changing its rec				stered office or registered agent, or both, in the State of Florida.			
	,						
IGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinstating)	DATE	
. Capital Co			Capital Contril	butions		11. MAKE CHECK PAYAB	LE TO DEPT. OF STATE
as Shown o	on record. A GENERAL PARTNER	in FLORID		UST BE REGIS	TERED AND AC	·	FOR FEE INFORMATION
	NOTE: General Partners M	AY NOT be changed	on the form	; an amendmen	it must be filed	to change a general p	artner.
2.	GENERAL PARTNE	RINFORMATION	13.			ADDRESS CHANGES C	·NLY
OCUMENT# AME	P95000077541 SCHREIBER GRIOVES, INC. 549 POPE AVENUE, N.W.		STRE	ET ADORESS			
TREET ADDRESS			спу	·ST-ZIP			
TY-ST-ZIP	WINTER HAVEN FL 33881					<u>0000328</u>	<u>43036</u> -01020003_
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TREET ADDRESS TTY-ST-ZIP	ss			-ST-ZIP			·
4. I hereby of indicated	I certify that the information supplied wit on this report is true and accurate and record to execute the contract of trustee empowered to execute the contract of the contrac	d that my signature shall	I have the same	e legal effect as if n	ection 119.07(3)(i) nade under oath; i	, Florida Statutes. I further o that I am a General Partner	ertify that the information of the limited partnership or
SIGNAT		UPEPZO	LIIAED	P.	4/2	1/00 86.	3-291-0.731
111771	SIGNATURE	OR PRINTED NAME OF SIGNING	GENERAL PARTNE	R		Date	Daytime Phone #