

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002172

1. Entity Name
SAS LIMITED PARTNERSHIP

FILED

00 APR -7 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3366 Degas Drive West
Palm Beach
Gardens, FL 33410

Mailing Address 3366 Degas Drive West
Palm Beach
Gardens, FL 33410

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

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
David Smith
3366 Degas Drive West
Palm Beach Gardens, FL 33410

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 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. 594,000.00 **10. Amount of Capital Contributions** in FLORIDA to date. 536,629.50 **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	STREET ADDRESS	
	David Smith	3366 Degas Drive West		400003217794--7
		Palm Beach Gardens, FL 33410		-04/20/00--01115--003
				****526.25 ****526.25
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
	Anita Smith	3366 Degas Drive West		
		Palm Beach Gardens, FL 33410		
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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: David Smith DAVID SMITH 3/30/2000 (561) 624 5792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)