2001	UNIFORM	BUSINESS	REPORT	(UBR
	_	-		

DOCU 1. Entity Nar	MENT # A9900	0002233		, 11 .4	·		9615 V			
SHOLEY INVESTMENT PARTNERS, LTD.							Ą			
				ILE	1					
· ·	ce of Business VEST SHORE BOULEVARD	Mailing Address 402 SOUTH WEST SHORE	BOULEVARD APR	-9	PH 12: 57					
TAMPA FL 33609 TAMPA FL 33609		TAMPA FL 33609	\cdot CECDETARY Ω		F SIAIF	•				
			TALLAH/	ISSEE	FLOR MANUAL IN I					
2. Principal Place of Business 3. Mailing Address P.O. Box 18285 Same As		#2_				ı				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPACE				
City & Sta	<i>,</i>	City & State			4. FEI Number 59-3625382	Applied For Not Applical	ble			
733619	-8285 USM	`, Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent	Name	1	7. Name and Address of New F	legistered Agent				
SCHOENE	BAUM, JEFFREY F		Street A	JEF4	RY CLUCTUB	Acem	_			
2966 EAG	79	56	EAGLE ESTATE	<u> </u>						
CLEARWA	TER FL 33761		City (100	WEST TO	Zip Code /				
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	register	ed agent, or both, in the State of Flo	FL 39396/	-			
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										
9. Capital Co	Signature, typed or printed name of registered agent an ortributions Q1A 000 000	nd title if applicable. (NOTE	: Registered Agent signat	ure required		CK PAYABLE TO DEPT. OF STATE	\dashv			
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.										
12.	NOTE: General Partners MAY	NOT be changed on th				eneral partner.				
DOCUMENT #				3	_		- (9			
NAME STREET ADDRESS	JS SCHOENBAUM CAPITAL MANA 402 SOUTH WEST SHORE BOULE	CITY-ST-ZIP	7.0	1. Box 1828	<u> </u>	2E003 (11/00)				
CITY-ST-ZIP DOCUMENT #	TAMPA FL 33606		CHT-37- Zii	la	mph , FL 336	79-8285	- RED			
NAME			STREET ADDRESS				_ _			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
DOCUMENT # NAME	·-		STREET ADDRESS	-	400004	<u>0093540</u>	'			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			/0101010017 26.25 ****526.25				
DOCUMENT # NAME			STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
DCCUMENT #	;		STREET ADDRESS			•				
STREET ADDRESS			CITY-ST-ZIP				7			
DOCUMENT #			STREET ADDRESS		•					
name Street address							_			
14. I hereby o	pertify that the information supplied with t	his filing does not qualify for	CITY-ST-ZIP	ed in Sec	ction 119.07(3)(i), Florida Statutes.	further certify that the information	\dashv			
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 see the first executive by Chapter 620, Florida Statutes										
SIGNATURE: MANUEL SIGNATURE: USIO, GZZ 724-7163										
X SINGURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SCHOOL BOWN CAPITAL Date Dayline Phone #										
MANAGEMENT, INC.										