

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B000000000288

1. Entity Name

S-SI Okeechobee, L.P.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR -1

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100N. Central Expressway

3. Mailing Address

1936 San Marco Blvd.

Suite, Apt. #, etc.

#810

Suite, Apt. #, etc.

**DUE BY MAY 1**

City & State

Richardson, TX.

City & State

Jacksonville, FL.

4. FEI Number

59-3667128

Applied For

Not Applicable

Zip

75080

Country

Zip

32207

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Dennis Pratt

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

10450 San Jose Blvd #3

City

Jacksonville

FL

Zip Code

32257

**DO NOT WRITE  
IN THIS SPACE**

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

Ginny Stine Romero

3-26-02

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**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

B000000000288  
Troy Bathman  
16910 Dallas Parkway #100  
Dallas, TX. 75248

STREET ADDRESS

CITY - ST - ZIP

300005193403-9  
-04/05/02--01002--004  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

B000000000288  
Ginny Stine Romero  
1936 San Marco Blvd.  
Jacksonville, FL. 32207

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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:

Ginny Stine Romero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-02

Date

Daytime Phone #

904-3963734

STAPLE CHECK HERE

CR2E003B (12/01)