LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -9 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000034

1. Entity Name: S-SI Sand Lake L.P.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 1936 San Marco	Suite, Apt. #, etc.:
City & State: Jacksonville, FL	City & State:
Zip: 32207 Country: DuVal	Zip: Country:

DUE BY MAY 1

4. FEI Number: 59-3704911 — 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: Tammy Wainer

Street Address (P.O. Box Number is Not Acceptable): 1936 San Marco Blvd

City: Jacksonville **FL** Zip Code: 32207

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: Tammy Wainer — 6-17-02

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

9. Capital Contributions as Shown on record: 363,000

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		STREET ADDRESS / CITY-ST-ZIP	400006333764--2 -07/11/02--01045--014 ****526.25 ****526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	St. Ives Holdings, LLC 100 N. Central Expressway #810 Richardson, TX 75080	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

STAPLE CHECK HERE

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: Jim Gessler — 6-10-02 — 904-396-3134

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

CR2E003B (12/01)