

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000561

1. Entity Name

SM-FLORIDA OF MD ASSOCIATES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3: 05

Principal Place of Business

670 STEVEN M. DEYARTER // LEVIN & GANN PA
2 HOPKINS PLAZA SUITE 800
BALTIMORE MD 21201

Mailing Address

351 6TH AVENUE WEST
BRADENTON FL 34205-8820



2. Principal Place of Business

9021 Town Center Pkwy
Suite, Apt. #, etc.

3. Mailing Address

9021 Town Center Pkwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL.

City & State

BRADENTON, FL.

4. FEI Number

52-1855524

Applied For

Not Applicable

Zip

34202

Country

USA

Zip

34202

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L
351 6TH AVE W.
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Kimberly L GRAUS

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

9021 Town Center Pkwy

City

BRADENTON

FL

Zip Code

34202

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

Kimberly L GRAUS

4-18-00

9. Capital Contributions
as Shown on record.

\$1,250,000.00

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 # F930000005588
NAME SM-FLORIDA, INC.
STREET ADDRESS 351 6TH AVENUE WEST
CITY - ST - ZIP BRADENTON FL 34205

13. ADDRESS CHANGES ONLY

STREET ADDRESS

9021 Town Center Pkwy

CITY - ST - ZIP

BRADENTON, FL. 34202

STREET ADDRESS

100003257811-3

CITY - ST - ZIP

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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:

Kimberly L GRAUS, VP 4/18/00 (941) 917-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #