

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024640 AF

**DOCUMENT # L00000014379****1. Entity Name**  
SLF PARTNERS, LLC**FILED**

01 FEB -5 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
7 EAST SILVER SPRINGS BLVD., STE. 100  
OCALA FL 34474**Mailing Address**  
7 EAST SILVER SPRINGS BLVD., STE. 100  
OCALA FL 34474**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3688175

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$5.00 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**HAINES, TIM D  
125 N.E. 1ST AVE., STE. 1  
OCALA FL 34470

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS****10. ADDITIONS/CHANGES****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
CROMARTIE, ROBERT  
7 EAST SILVER SPRINGS BLVD., STE. 100  
OCALA FL 34474 ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
500003672975--9  
-02/09/01--01096--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition**TITLE**  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**11. 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 managing member or manager of the limited liability company or the receiver of the estate empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert A. Cromartie 02/02/01

Date

(352) 622-5678

Daytime Phone #

CR2E083 (1/1/00)