2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUSI	NESS REPO	PRT (UBR)	APPROVED AND	0000827
DOCUMENT # L9600000687					FILED	27
1. Entity Name SPACE COAST PARTNERS I, L.C.					00 APR 13 PM 3: 02	A
					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business · Mailing Address 20 SOUTH U.S. 17-92 20 SOUTH U.S. 17 DEBARY FL 32713 DEBARY FL 32713)
2 Principal D	Disco of Puninces	3. Mailing Address				
2. Principal Place of Business		Suite, Apt. #, etc.				
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	 ''
City & State		City & State			59-3388396 Not A	ied For Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required \$5.00 Additional Fee Required	onal
	6. Name and Address of Current Re	egistered Agent		Name	7. Name and Address of New Registered Agent	
ROST, SCOTT R 228 PARK AVENUE, NORTH, SUITE B WINTER PARK FL 32789			-	Street Address (I	PO Box Number is Not Acceptable) STER	>
ANDALEL L	ARIN FL 32709		-	CIP. CIPIO	C PONK FL PROPERTY	10
8. The above	e named entity submite this statement for t	he purpose of changing its	s registered	office or registere	9 300	3 3
SIGNATURE .	Signature, typed or printee name of registered agent and	title if applicable. (NOT	FE: Registered A	gent signature required	Ψ-/0- Uδ when reinstating) DATE	
		FILE N Make Check Pa		EE IS \$50.00 Department of	State	
9. TITLE	MANAGING MEMBERS/MEMBERS MGR		10.		ADDITIONS/CHANGES	Addition 6
NAME STREET ADDRESS CITY-ST-ZIP	ROSE, GLENN		3MAN	ADDRES\$ T- ZIP		moitibbs (C)
TITLE NAME STREET ADDRESS CITY-8T-ZIP		☐ Delote	TITLE NAME STREET CITY-S	ADDRESS	Change 8000322415804/26/0001015018	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delste	TITLE NAME STREET CITY-S	ABORE88	本本本本本与U。UU · 本本本本本(Change U ·	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detecto	TITLE NAME STREET CITY-S	ADDRE\$8 T-ZIP	☐ Change	Addition
TITLE RAME *** STREET ADDRESS CITY-S&, ZIP	1	October .	TITLE NAME STREET CITY-S	ADDRESS	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Octoria	TITLE NAME STREET CITY-S	ADDRESS	☐ Change	Addition
11. I hereby of indicated limited lia	certify that the information supplied with the lon this report is true and accurate and the ability company or the receiver of trustee e	impoyered to execute this	report as re	equired by Chapt	ction 119.07(3)(i), Florida Statutes, I further certify that the info lade under oath; that I am a managing member or manager of er 608, Florida Statutes.	rmation , of the
SIGNAT	URE: SIGNATURE AND TOPED OR PAINTE	MOCREQUED NAME OF SIGNING MANAGING			407-668-276 Date Daytime Phone #	∞