

2000 UNIFORM BUSINESS REPORT (UBR)

OC 0126 A

DOCUMENT # A93000000832
 1. Entity Name
PORTA OAKS, LTD.

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business: 13925 58TH STREET NORTH, CLEARWATER FL 33760
 Mailing Address: 13925 58TH STREET NORTH, CLEARWATER FL 33760-3721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc. City & State, Zip, Country

4. FEI Number: 59-3195457
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOHLWEND, BETH
 13925 58TH STREET NORTH
 CLEARWATER FL 33760

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: \$1,477,471.00
 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 #	P93000056239
NAME	PORTA HOLDINGS II, INC.
STREET ADDRESS	17755 U.S. 19 NORTH, SUITE 150
CITY - ST - ZIP	CLEARWATER FL 34624
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	500003280835--9
CITY - ST - ZIP	-06/08/00--01012--023 ****\$35.00 ****\$35.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: Beth Wohlwend DATE: 4/28/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

FORM 2000-1