2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: <

SECRETARY OF STATE TALL AHASSEE, FLORIDA SECRETARY OF STATE TALL AHASSEE, FLORIDA STALL AHASSEE, FLORIDA Mailing Address 333 W. CAMINO GARDENS BLVD. #200 BOCA RATON FL 33432 2. Principal Place of Business Suite, Arg. #, etc. City & Suite, Arg. #, etc. COLEMAN, T. SCOTT. 333 W. CAMINO GARDENS BLVD. #200 BOCA RATON FL 33432 City & Suite, Arg. #, etc. City & FL Zp Code 8. The above named ontity submists this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions 8. The above named ontity submists this statement for the purpose of changing its registered ontico or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions 8. The above named ontity submists this statement for the purpose of changing its registered ontico or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions 10 Annound of Capital Contributions 11 MMKE CHECK PAYABLE TO DEPT. OF STATE SIGNATURE SIGNATURE 9. Capital Contributions 12 ADDRESS CHANGES ONLY A CENTRAL PAYTER THAT IS A BUSINESS ENTRY 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. CIDALARY AND ACTIVE WITH A CONTRIBUTION 12. SIGNATURE 9. Capital Contributions 10 ADDRESS CHANGES ONLY A CONTRIBUTION 13. A CENTRAL PAYTER THAT IS A BUSINESS END. 10 ADDRESS CHANGES ONLY	DOCUMENT # A9400001647 1. Entity Name								FILED	
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S. Name and Address of Current Registered Agent COLEMAN, T. SCOTT. 333 W. CAMINO GARDENS BLVD., \$200 BOCA RATON FL 33432 City City FL Zip Code 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, hypert or primout name of registered agent and the it applicable PARE SIGNATURE Signature, hypert or primout name of registered agent and the it applicable DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SER REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. CITY - STATE General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. CITY - STATE SERVER ADDRESS CITY - ST-ZP CIT	Z <u>i</u> p	Country	7	Zip	Country	<u></u>	5. Certificate of			3.75 Additional
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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 9. Capital Contributions as Shown on record. 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 13. ADDRESS CHANGES ONLY DATE 14. 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 13. ADDRESS CHANGES ONLY DOCUMENT / MAKE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	333 W. CAMINO GARDENS BLVD., #200				Street	Street Address (P.O. Box Number is Not Acceptable)				
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ITY-ST-ZIP 4. I hereby certify that the information supplied with this filling 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 carrel lead of the control of the second lead of the control of the carrel lead of the control of the carrel lead of the control of the carrel lead of the carrel l	ITY-ST-ZIP	ertify that the information supplier	d with this filin	a does not qualify for the		tad in Cost	ion 110 07(0)()	Flavida Outro		