

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001599
1. Entity Name
 FLORIDIAN INVESTMENTS, LTD.

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FILED

01 APR 16 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 2771 PALM BEACH FL 33480
Mailing Address P.O. BOX 2771 PALM BEACH FL 33480

2. Principal Place of Business
 324 Royal Palm Way
 Suite, Apt. #, etc. Ste. 231

3. Mailing Address
 City & State: Palm Beach, FL
 Zip: 33480 Country: USA

4. FEI Number 65-0612420
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Haisfield, Marc
~~218 ROYAL PALM WAY~~ 324 Royal Palm Way, Ste. 231
 PALM BEACH FL 33480

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. \$7,425.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000095558
NAME RIVER ONE, INC.
STREET ADDRESS 735 COLORADO AVENUE, SUITE 6
CITY-ST-ZIP STUART FL 34994

STREET ADDRESS 324 Royal Palm Way, Suite 231
CITY-ST-ZIP Palm Beach, FL 33480

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STREET ADDRESS _____
CITY-ST-ZIP _____

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: Marc Haisfield, U.P. of G.P. **4/9/01** **561-655-2829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)