2001 UNIFORM	BUSINESS	REPORT	(UBR)
--------------	----------	--------	-------

DOCU 1. Entity Nan	ne	•	\95000	00167	9		•	E	LED	}			19 SP
LARA SP	rings, Lti	D.									V		
Principal Place of Business Mailing Address 2900 UNIVESITY DRIVE 2900 UNIVESITY DRIVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			DRIVE			O1 APR 19 PM 12: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA				116 1 08(8 2 8 (1 1 88)	a i		
2. Principal F	Place of Busi	ness		3. Mailing Addr	ess	······							
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.				DO NOT WRITE	E IN THIS SE	PACE				
City & Stat	te			City & State				4. FEI Number	65-0625282			Applied For	e
Zip		Country	·	Zip	(Country		5. Certificate of	of Status Desired		8.75 ee Requ	Additional	
	6. Name	and Addres	s of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	N	ame	7. Name and /	Address of New Re	gistered Aç	jent		
	alty, inc. /Esity driv Prings fl							(P.O. Box Number	is Not Acceptable)				
						, C	ity .			FL	Zip C	ode	
SIGNATURE .	• • • • • • • • • • • • • • • • • • • •	- `	f registered agent and	 , ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(NOTE: Reg		nt signature required	d when reinstating)	11. MAKE CHECK	DATE		. OF STATE	
as Shown	on record.		,500-00 PARTNER TH	in FLO	RIDA to date.		\$7,50		SEE REVERSI	E SIDE FOR			_
12.	NOTE		Partners MAY I		ged on the f	orm; an	amendmer	nt must be filed	to change a gen				4
DOCUMENT / NAME STREET ADDRESS		alty, inc. Esity driv	E			STREET AD							R2E003 (11/00)
DOCUMENT #	CORAL SE	rings FL 3	33063			STREET AD	DRESS					·	CRZE
NAME Street Address City-St-Zip						CITY-ST-Z	IP						1
DOCUMENT #			<u> </u>			STREET AD	DRESS						
STREET ADDRESS City-St-Zip						CITY-ST-Z	IP .	30	000041 -05/07/	<u>.</u> 375	<u> </u>	34	
DOCUMENT # NAME						STREET AD	DRESS		****15	0.00	米米米米	150.00	
STREET ADORESS CITY-ST; ZIP						CITY-ST-Z	IP						
DOCUMENT #						STREET ADI	DRESS						
STREET ADDRESS CITY-ST-ZIP				,		CITY-ST-Z	IP .						
DOCUMENT # NAME STREET ADDRESS						STREET ADI	DRESS		1				4
CITY-ST-ZIP						CITY-ST-Z				<u>.</u>			
indicated	on this repor er or trustee	t is true and a empowered t	accurate and tha	at my signature s eport as required	hall have the s by Chapter 6	same légi 20, Floric Real	al effect as if n la Statutes Inc	nade under oath; t	Florida Statutes. I f hat I am a General I 03/15/01	Partner of th	ie limited		or
	VIII			NTED NAME OF SIGN	ING GENERAL PA	RTNEA			Date Date		time Phone		J