

2001 UNIFORM BUSINESS REPORT (UBR)

0013098 AF

DOCUMENT # A96000001272

1. Entity Name
BOYS ARE US, LTD.

FILED
01 MAR -6 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **700 CENTRAL PARKWAY, STUART FL 34994, 36**

Mailing Address: **700 CENTRAL PARKWAY, STUART FL 34994, 36**



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: **65-0687008**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**MCCREARY, MICHAEL
700 CENTRAL PARKWAY
STUART FL 34994**

7. Name and Address of New Registered Agent

Name: **W. T. McCreary**

Street Address (P.O. Box Number is Not Acceptable):

City: **Sarasota** 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: W. T. McCreary DATE: 3-1-01

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$360,000.00**

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 #	P96000056348
NAME	MAC PROPERTIES, INC.
STREET ADDRESS	700 CENTRAL PARKWAY
CITY-ST-ZIP	STUART FL 34994
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	600004035076--5
CITY-ST-ZIP	-04/20/01--01053--008 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: W. T. McCreary **REGENT W. T. McCreary** DATE: 3-1-01 DAYTIME PHONE #: 561-485-2095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)