

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002012**

1. Entity Name
SPRING VALLEY FINANCING PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33

Principal Place of Business C/O DARYL B. CRAMER, P.A. 515 N. FLAGLER DR., SUITE 910 WEST PALM BEACH FL 33401	Mailing Address C/O DARYL B. CRAMER, P.A. 515 N. FLAGLER DR., SUITE 910 WEST PALM BEACH FL 33401-4325
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2. Principal Place of Business
c/o Daryl Cramer & Assoc., P.A.

3. Mailing Address
c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.
515 N. Flagler Dr. #910

Suite, Apt. #, etc.
515 N. Flagler DR., #910

DO NOT WRITE IN THIS SPACE

City & State
W.P.B., FL

City & State
W.P.B., FL

4. FEI Number **65-0705343**

Applied For
Not Applicable

Zip Country
33401 US

Zip Country
33401 US

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

6. Name and Address of Current Registered Agent
DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401-5010

7. Name and Address of New Registered Agent

Name
Daryl Cramer & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
515 N. Flagler Dr., #910

City **W.P.B., FL** Zip Code **33401**

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 *Daryl Cramer, President* **4/14/00**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,300,000.00**

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 #	P96000079941
NAME	SPRING VALLEY GENERAL PARTNER, INC.
STREET ADDRESS	515 N. FLAGLER DR., SUITE 910
CITY - ST - ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	516.25
CITY - ST - ZIP	8.75
STREET ADDRESS	
CITY - ST - ZIP	100003290131--5
STREET ADDRESS	-06/15/00--01004--006
CITY - ST - ZIP	***6420.00 ***535.00
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: *Daryl Cramer* **4/27/00** 905/882-1212
By: **Daryl Cramer, Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #