

2000 UNIFORM BUSINESS REPORT (UBR)

0013616 AF

DOCUMENT # A97000001364

1. Entity Name

STRACHAN INVESTMENT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 4:05

Principal Place of Business: STRACHAN BAIN & ASSOCAIDOS, EDIFICIO NO. 7. PISO 4/OFICENTRO LA SABANA, SAN JOSE. COSTA RICA
Mailing Address: HARRY W. STRACHAN/BAIN & COMPANY.SJO-792, PO BOX 025216, MIAMI FL 33102-5216



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: 65-0842163 Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. Capital Contributions as Shown on record: \$5,103,041.00
10. Amount of Capital Contributions in FLORIDA to date: \$5,103,041.00
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	F07000003249
NAME	STRACHAN INVESTMENTS LIMITED
STREET ADDRESS	P.O. BOX 146, ROAD TOWN, TORTOLA
CITY - ST - ZIP	BRITISH VIRGIN ISLANDS
DOCUMENT #	F00000000000
NAME	Strachan & Associates International Inc.
STREET ADDRESS	SJO 792 / P.O. Box 025216
CITY - ST - ZIP	Miami, Florida 33102-5216
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	0000003802270--3
CITY - ST - ZIP	-03/06/01--01070--001 ***535.00 ***535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	0000003802270--3
CITY - ST - ZIP	-03/06/01--01070--002 ***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

2000 UBR originally was created via timely manner

3/1/01

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

CR2E003 (9/99)