2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 APR 24 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000132 AT

DOCUMENT # A97000002382

1. Entity Name

PHYTRUST, LTD.

Principal Place of Business	Mailing Address
1204 NORTH UNIVERSITY DRIVE PLANTATION FL 33322	1204 NORTH UNIVERSITY DRIVE PLANTATION FL 33322

2. Principal Place of Business	3. Mailing Address
13680 NW 5th Street	13680 NW 5th Street
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Sunrise, Fl.	City & State: Sunrise, Fl.
Zip: 33325 Country: USA	Zip: 33325 Country: USA

DUE BY MAY 1, 2002

4. FEI Number 59-3476365 ☐ 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
NATKOW, NEIL A 1204 NORTH UNIVERSITY DRIVE PLANTATION FL 33322	Name Street Address (P.O. Box Number is Not Acceptable): 13680 NW 5th Street Suite 100 City: Sunrise **FL** Zip Code: 33325

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: Neil A Natkow DV — 4/19/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,220,218.07	1,179,942.00	

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 # P97000093358 NAME NAN II, INC. STREET ADDRESS 1204 N. UNIVERSITY DRIVE CITY-ST-ZIP PLANTATION FL 33322	STREET ADDRESS 13680 NW 5th Street, Suite 100 CITY-ST-ZIP Sunrise, Fl, 33325
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 300005401060 6 -05/07/02--01049--005 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

CR2E003 (9/01)

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: Neil A Natkow DV — 4/4/02 — (954) 475-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #