2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001872 1. Entity Name					FILED SECRETARY OF STATE
BING DEVELOPMENT I, LTD.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
	e of Business GHWAY ONE. SUITE 300 BEACH FL 33408		ailing Address 11780 U.S. HIGHWAY ONE. SUITE 300 NORTH PALM BEACH FL 33408-3042		00 APR 12 PH 4: 40
					T TREATH AND AND AND AND AND BOTH BOTH BOTH AND
Principal Place of Business 3. Mailing Address					
		_			WIJT
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0792602 Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent
E110 000	DODATE CEDIMOTO INIO	Er importa de de		Name	
FHS CORPORATE SERIVCES, INC. 11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH FL 33408				Street Address ((P.O. Box Number is Not Acceptable)
			1		
			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.					
G. The above hamed striky captings and small purpose of stranging the registered strike or registered again, or both, in the state of contract					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions \$850,000.00 10. Amount of Capital Con				butions	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 amend				; an amendmer	nt must be filed to change a general partner. ADDRESS CHANGES ONLY
12.	GENERAL PARTNER INFORMATION MENT # P97000093153				ADDRESS CHANGES ONLI
NAME STREET ADDRESS CITY - ST - ZIP	NORTH DALL BEACH EL COLOS			EET ADDRESS	
DOCUMENT#			STRE	EET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	- ST - ZIP	9000032238298
DOCUMENT#	UMENT ≠ € EET ADDRESS		STRE	ET ADDRESS	
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP	
DOCUMENT#			STRE	ET ADDRESS	
STREET ADDRESS CITY - ST - ZIP			CITY	- ST - ZIP	
DOCUMENT // NAME	4		STRE	EET ADDRESS	
STREET ADDRESS . CITY - ST - ZIP			СПУ	-ST-ZIP	
DOCUMENT # NAME	جِندِهِ		STRE	EET ADDRESS	
STREET ADDRESS CITY - ST - ZIP	en la esta			- ST - ZIP	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Ficrida 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 Bing I Corp.					
SIGNATURE M. ShawGAssistant Secretary IRED					

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER