

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001872

1. Entity Name
BING DEVELOPMENT I, LTD.

FILED

01 FEB 14 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
11780 U.S. HIGHWAY ONE, SUITE 300 11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0792602 Not Applicable

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

6. Name and Address of Current Registered Agent
FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$850,000.00

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 #	P97000093153
NAME	BING I CORP.
STREET ADDRESS	11780 U.S. HIGHWAY ONE, SUITE 300
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
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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: David M. Shaw, Assistant Secretary of Genl Partner 02.05.01 561-83352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)