

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 990000000630
 1. Entity Name
The Martin and Cheryl Turchin
Family Limited Partnership

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 12 AM 11:50

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business
3060 MIRO DRIVE So
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH G.DNS, FL

4. FEI Number
65-6292592
 Applied For
 Not Applicable

Zip
33410

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
 Name
CHERYL Turchin
 Street Address (P.O. Box Number is Not Acceptable)
3060 MIRO DRIVE So
 City
PALM BEACH G.DNS FL Zip Code 33410

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 Cheryl Turchin DATE 5-9-00
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. 50,000

10. Amount of Capital Contributions in FLORIDA to date. 50,000

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 #	
NAME	<u>CHERYL Turchin</u>
STREET ADDRESS	<u>3060 MIRO DRIVE So 33410</u>
CITY-ST-ZIP	<u>PALM BEACH G.DNS FL 33410</u>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<u>200003305672--0</u>
CITY-ST-ZIP	<u>-06/27/00--01016--014</u>
	<u>****438.75 ****438.75</u>
STREET ADDRESS	
CITY-ST-ZIP	
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 Cheryl Turchin DATE 5-9-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #