

2001 UNIFORM BUSINESS REPORT (UBR)

0008390 AF

DOCUMENT # A99000000936

1. Entity Name
RYBO-TRINITY, LTD.

FILED
01 FEB -7 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**140 INTRACOASTAL POINTE DRIVE. #410
JUPITER FL 33477**

Mailing Address
**140 INTRACOASTAL POINTE DRIVE. #410
JUPITER FL 33477**



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 **65-0932527**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ.
C/O ALLEY, MAAS, ROGERS & LINDSAY, P.A.
321 ROYAL POINCIANA PLAZA, SOUTH
PALM BEACH FL 33480**

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. **\$20,000,000.00**

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 #	P. 99.00005222.3
NAME	RYBO 60 CORP.
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, #410
CITY-ST-ZIP	JUPITER FL 33477
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
STREET ADDRESS	000003675560--1
CITY-ST-ZIP	-02/13/01--01009--017
	***141.25 ***141.25
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/31/01** Daytime Phone # **561 745 0914**

CR2E003 (11/00)