

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001372

1. Entity Name

HENNING/TRION WORLD SAVINGS VENTURE, LTD.

FILED

00 FEB 16 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5310 N.W. 33RD AVENUE, SUITE 219 FORT LAUDERDALE FL 33309	Mailing Address 5310 N.W. 33RD AVENUE, SUITE 219 FORT LAUDERDALE FL 33309-6300
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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 65-0942714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSS, MICHAEL S ESQ.
% GREENSPOON, MARDER, HIRSCHFELD, RAFKIN
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Kenneth T. Barber
Street Address (P.O. Box Number is Not Acceptable)
Trion Ventures
5310 N.W. 33rda Avenue, Suite 219
City Ft. Lauderdale FL Zip Code 33309

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 Michael S. Ross x Kenneth T. Barber 2/10/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P94000007037
NAME	TRION VENTURES VII, INC.
STREET ADDRESS	5310 N.W. 33RD AVENUE, SUITE 219
CITY - ST - ZIP	FORT LAUDERDALE FL 33309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	000003156430--5 -03/03/00-01063-016 ****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
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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
2/9/2002 954 731-0666
Date Daytime Phone #

CR2E003 (9/99)