

2001 UNIFORM BUSINESS REPORT (UBR)

1007960 AF

DOCUMENT # A99000001439

1. Entity Name
BIRCH DEVELOPMENT, LTD.

FILED
01 FEB 28 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7777 GLADES RD., STE 310
BOCA RATON FL 33434**

Mailing Address
**7777 GLADES RD., STE 310
BOCA RATON FL 33434**

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 **65-0945001** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIRCH DEVELOPMENT CORP.
7777 GLADES RD., STE 310
BOCA RATON FL 33434**

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. **\$7,500.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000078288 BIRCH DEVELOPMENT CORP 7777 GLADES RD., STE 310 BOCA RATON FL	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: *Robert Schmier* **SIGNATURE REQUIRED** 2/13/01 Date Daytime Phone #

Robert Schmier

CR2E003 (11/00)