2000 UNIFORM BUSINESS REPORT (UBR) A9900001907 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE TENTH VENTURE, LTD. DIVISION OF CORPORATIONS GO MAY 23 PM 1:33 Principal Place of Business Mailing Address 75 NE 6TH AVENUE 75 NE 6TH AVENUE **SUITE 214** SUITE 214 DELRAY BEACH FL 33483-5453 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ZENGAGE, JIM Street Address (P.O. Box Number is Not Acceptable) 75 NE 6TH AVENUE **SUITE 214 DELRAY BEACH FL 33483** Zip Code City Fi 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FLORIDA to date. \$\int 252,095\$ MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions #500,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION CHANGES ONLY 13. 12. P97000073252 DOCUMENT# STREET ADDRESS RETAIL CONCEPTS, INC. NAME 75 NE 6TH AVENUE SUITE 214 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS **500003294605-**-06/19/00--01006--007 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****535.00 ****535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET #DORESS CITY-ST-ZIP CITY-ST. ZIP 14. If ereby 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 ampowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: