## NIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

MARLIN MEDICAL GROUP LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

B01000000205

50 WEST LIBERTY STREET. STE. 650 **RENO NV 89501** 

% MARLIN MEDICAL GROUP 6990 LAKE ELLENOR DRIVE ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Zip

Country

6. Name and Address of Current Registered Agent

City & State

Country

**DUE BY MAY 1, 2002** 

- 0443162 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

7. Name and Address of New Registered Agent JOHN STON R. STAPLES, TIT

STAPLES, JOHNSTON R III 6990 LAKE ELLENOR DRIVE, STE. 202 ORLANDO FL 32809

Street Address (P.O. Box Number is Not Acceptable) 3600 Commerce BlvD.

Kissimmee

FILED

02 FEB 13 PM 3:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

9. Capital Contributions

as Shown on record.

Signature, typed or printed name of registered agent and title if applicable

10. Amount of Capital Contributions \$500.00 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	F01000003127 WORLD WIDE HOLDINGS, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	50 W. LIBERTY STREET, STE. 650 RENO NV 89501	CITY-ST-ZIP	200050243623
DOCUMENT # NAME		STREET ADDRESS	2000050243623 -02/27/0201071026 ****141.25 ****141.25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	<u> </u>	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT <b>#</b> NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		C)TY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
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

deal of World wife Haldings Die - Con Partier