

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 92000000060
1. Entity Name
Golf Park, LC

Principal Place of Business: 444 Brickell avenue, Suite 51-246, Miami, Florida 33131
Mailing Address: 6670 SE 96th Place Rd., Ocala, Fl. 34420

2. Principal Place of Business: 6670 SE 96th Place Rd., Suite, Apt. #, etc.
3. Mailing Address: 444 Brickell avenue, Suite, Apt. #, etc., PMB 51-246

DO NOT WRITE IN THIS SPACE

City & State: Belleview, Florida / Miami, Florida
4. FEI Number: 65-0396935
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: IBC Fiduciary, Inc., 100 SE 2nd Street, Suite 2315A, Miami, Florida 33131
7. Name and Address of New Registered Agent: [Blank]
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank]
Zip Code: [Blank]

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: [Blank] DATE: [Blank]
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: Member MGR	IBC Fiduciary, Inc.	TITLE: [Blank]	[Blank]
NAME: IBC Fiduciary, Inc.	100 SE 2nd Street, S. 2315A	NAME: [Blank]	[Blank]
STREET ADDRESS: 100 SE 2nd Street, S. 2315A	Miami, Florida 33131	STREET ADDRESS: [Blank]	[Blank]
CITY - ST - ZIP: Miami, Florida 33131		CITY - ST - ZIP: [Blank]	[Blank]
TITLE: Member MGR	European Inv. Inc.	TITLE: [Blank]	[Blank]
NAME: European Inv. Inc.	444 Brickell Av., PMB 51-246	NAME: [Blank]	[Blank]
STREET ADDRESS: 444 Brickell Av., PMB 51-246	Miami, Florida 33131	STREET ADDRESS: [Blank]	[Blank]
CITY - ST - ZIP: Miami, Florida 33131		CITY - ST - ZIP: [Blank]	[Blank]
TITLE: Member MGR	Stillex Corporation	TITLE: [Blank]	[Blank]
NAME: Stillex Corporation	723 Rideau Rd.	NAME: [Blank]	[Blank]
STREET ADDRESS: 723 Rideau Rd.	Calgary, Alberta Canada	STREET ADDRESS: [Blank]	[Blank]
CITY - ST - ZIP: Calgary, Alberta Canada		CITY - ST - ZIP: [Blank]	[Blank]
TITLE: Member MGR	Canadian Funds, Inc.	TITLE: [Blank]	[Blank]
NAME: Canadian Funds, Inc.	6670 SE 96 Place Rd.	NAME: [Blank]	[Blank]
STREET ADDRESS: 6670 SE 96 Place Rd.	Belleview, Fl. 34420	STREET ADDRESS: [Blank]	[Blank]
CITY - ST - ZIP: Belleview, Fl. 34420		CITY - ST - ZIP: [Blank]	[Blank]
TITLE: Member MGR	AG Equities, Inc.	TITLE: [Blank]	[Blank]
NAME: AG Equities, Inc.	444 Brickell Av., PMB 51-246	NAME: [Blank]	[Blank]
STREET ADDRESS: 444 Brickell Av., PMB 51-246	Miami, Florida 33131	STREET ADDRESS: [Blank]	[Blank]
CITY - ST - ZIP: Miami, Florida 33131		CITY - ST - ZIP: [Blank]	[Blank]
TITLE: Member MGR	Redshire II Corp.	TITLE: [Blank]	[Blank]
NAME: Redshire II Corp.	1602 Alton Rd., PMB 500	NAME: [Blank]	[Blank]
STREET ADDRESS: 1602 Alton Rd., PMB 500	Miami Beach, Florida 33131	STREET ADDRESS: [Blank]	[Blank]
CITY - ST - ZIP: Miami Beach, Florida 33131		CITY - ST - ZIP: [Blank]	[Blank]

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. Henley J. Henley (for European Inv) 4/25/00 (305)358-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)

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#35.00-CC