


2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

DOCUMENT # L96000000825

1. Entity Name
UNION ATLANTIC, LC

Principal Place of Business C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131	Mailing Address C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131-2834
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2. Principal Place of Business <i>3% Hixson, Marin Powell et al</i> Suite, Apt. #, etc. <i>3300 PGA Blvd, #810</i>	3. Mailing Address <i>Hixson, Marin Powell et al</i> Suite, Apt. #, etc. <i>3300 PGA Blvd, #810</i>
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City & State <i>Palm Beach Gardens, FL</i>	City & State <i>Palm Beach Gardens, FL</i>	4. FEI Number 65-0687488	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33410</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HIXSON, MARIN, POWELL & DE SANCTIS 3300 PGA BLVD SUITE 810 PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GENESIS PARTNERS, INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003217304--5 -04/20/00--01100--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TIM MAHONEY D/B/A HIGHLANDS GROUP 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: *11/17/00* Daytime Phone #: *305.374.0282*

CR2E083 (9/99)