2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR JUTHORIZED REPRESENTATIVE BURTON MEDICALD

1. Entity Nam	MATERIT # BACC									
DOCUMENT # M0000001187 1. Entity Name ALEXANDER MANAGEMENT/ PARTNERS, LLC							SEI DIVISI	t CRETAI	ILED ?Y OF : .coppo	STATE RATIONS
	JER MANAGEWEN I/ PAP	RINERS, LLC							·	
Data-da (D)					 .		011	FEB -5	PMI	₊ : 45
Principal Place of Business Mailing Address 2300 CORPORATE BLVD NW 2300 CORPORATE			/D NW							
STE 215 BOCA RATON FL 33431-8596		STE 215 BOCA RATON FL 33431-8596								
BUCA KATUN	FL 33431-6390	BOCA HATON PL 334	51-0390							
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address								
		Suite, Apt. #, etc:				DO NOT WRITE IN THIS SPACE				
		City & State			4. FEI N	4. FEI Number 65-1005521 Applied For Not Applied For				
Zip	Country	Zip	Country	-	5. Certif	icate of Stat	tus Desired		5.00 Ad	lditional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curr	ent Registered Agent		Name	7. Name	and Addre	ess of New Re	gistered A	gent	
BONGARI	D, BURTON		<u> </u>	<u> </u>	(0.0.5	b == 1	4 400			
2300 CORPORATE BLVD NW				oreet Addre	ss (P.O. Box N	umber is No	n Acceptable)			
STE 215	TON EL 20404 2522							:		<u>.</u>
BUCA RA	TON FL 33431-8596			City				FL	Zip Coc	de
8. The above	named entity submits this statemen	nt for the purpose of changing	its registered o	office or regis	stered agent, c	or both, in th	e State of Florid	da.		
	named entity submits this statemen	nt for the purpose of changing	its registered o	office or regis	stered agent, c	or both, in th	e State of Florid	da _.	,	
SIGNATURE _	named entity submits this statement				stered agent, c		e State of Florid	DATE		
SIGNATURE _		gent and title if applicable. (N		ent signature req	uired when reinstattr		e State of Florid	·		
SIGNATURE _		gent and title if applicable. (N	OTE: Registered Ag	ent signature req	uired when reinstatlr		e State of Florid	·		
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Registered Ag	ent signature req E IS \$50.0 Departmen	uired when reinstatlr	ng)	ADDITIONS/C	DATE		
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