

2001 UNIFORM BUSINESS REPORT (UBR)

0007828 AF

DOCUMENT # A00000000167
1. Entity Name
 IDT FUND B. LTD.

[Handwritten Signature]
FILED

Principal Place of Business
 1515 SOUTH FEDERAL HWY
 BOCA RATON FL 33432 *Suite 210*

Mailing Address
 1515 SOUTH FEDERAL HWY *Suite 210*
 BOCA RATON FL 33432

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 1515 S. Federal Hwy
 Suite, Apt. #, etc. #210

3. Mailing Address
 1515 S. Federal Hwy
 Suite, Apt. #, etc. #210

DO NOT WRITE IN THIS SPACE

City & State
 Boca Raton FL

City & State
 Boca Raton FL

4. FEL Number
 65-0985053

5. Certificate of Status Desired -- **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 FEINGOLD, DAVID J
 3300 PGA BLVD., STE 410
 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**

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** _____

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$480,571.31

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	
DOCUMENT #	F99000004575
NAME	IDT FUNDING CORP.
STREET ADDRESS	ORISSA HOUSE, EAST BAY ST.
CITY-ST-ZIP	NASSAU, BAHAMAS
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200003819712--3
CITY-ST-ZIP	-03/09/01--01007--022 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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.

SIGNATURE: SIGNATURE REQUIRED *2-28-01*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** Daytime Phone #

CR2E003 (11/00)