2002 UNIFORM BUSINESS REPORT (UBR) FILED A99000001907 DOCUMENT # 02 MAR 22 AM 11: 10 1. Entity Name TENTH VENTURE, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 75 NE 6TH AVENUE 75 NE 6TH AVENUE SUITE 214 SUITE 214 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0958954 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZENGAGE, JIM Street Address (P.O. Box Number is Not Acceptable) 75 NE 6TH AVENUE **SUITE 214 DELRAY BEACH FL 33483** City 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 Signature, typed or printed name of registered agent and title if applicable. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$500,000.00 as Shown on record in FLORIDA to date. 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 ADDRESS CHANGES ONLY P97000073252 DOCUMENT # STREET ADDRESS NAME RETAIL CONCEPTS, INC. 75 NE 6TH AVENUE SUITE 214 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 700005180757 CITY-ST-ZIP -n4701702---01088 DOCUMENT # STREET ADDRESS ****535.00 ****535.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMÊNT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Jim Zenaage

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #