2001	UNIFORM BUSINESS REPORT	UBR
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SIGNATURE:

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1. Entity Nar		:INSTATEN	SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address 11260 BEACH BLVD. JACKSONVILLE FL 32246 C/O ANTIQUELAND USA. I 5000 BEE CAVES ROAD. S AUSTIN TX 78746					02 MAR -4 AM 9: 56			
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #,			etc.		DUE BY SEPTEMBER 26, 2001			
City & Sta	te	City & State			4. FEI Number Applied For Not Applicable.			
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (Tohn T. Orton ress (P.O. Box Number is Not Acceptable) O. Beach Blud			
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 a	nd title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating) 1/31/0 2			
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da		butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS EN' Y NOT be changed on th	TITY M	IUST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.			
12.	GENERAL PARTNER		13.	<u></u>	ADDRESS CHANGES ONLY			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	F0000000134 ANTIQUELAND USA, INC. 5000 BEE CAVES ROAD, SUITE 200			-ST-ZIP				
DOCUMENT #	AUSTIN TX 78746 200 (-		STRE	EET ADORESS				
STREET ADDRESS - City-St-Zip	ATEME	2002	CITY	-ST-ZIP	The state of the s			
DOCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	41.25 +500 (2001) 41.25 +500 (2002)			
DOCUMENT # NAME STREET ADDRESS			STRE	EET ADDRESS	41.29 +500 (2002)			
CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT ¥ NAME			STRE	ET ADDRESS				
TREET ADDRESS HTY-SI-ZIP				-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 629. Florida Statutes								