

2001 UNIFORM BUSINESS REPORT (UBR)

0001282 AF

DOCUMENT # A00000000114

1. Entity Name

ADVANTAGE VENTURE PARTNERS, LTD.

FILED

01 APR 27 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
740 FLORIDA CENTRAL PARKWAY, SUITE 2000
LONGWOOD FL 32750

Mailing Address
740 FLORIDA CENTRAL PARKWAY, SUITE 2000
LONGWOOD FL 32750



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number 59-3617824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COBB, KENNETH B II 740 FLORIDA CENTRAL PARKWAY, SUITE 2000 LONGWOOD FL 32750	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 _____

9. Capital Contributions as Shown on record. \$15,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,760,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000000507	STREET ADDRESS	
NAME	ADVANTAGE VENTURE PARTNERS, LLC	CITY-ST-ZIP	
STREET ADDRESS	740 FLORIDA CENTRAL PARKWAY, SUITE 2000		
CITY-ST-ZIP	LONGWOOD FL 32750		
DOCUMENT #		STREET ADDRESS	800004194438--2
NAME		CITY-ST-ZIP	05/10/01 01120 012
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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 3-29-01 407-260-6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)