APPROVE

2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A000000246 1. Entity Name | | | | AND FILED |
|--|---|--|--|--|
| PHOEN | NIX EQUITIES, LTD. | | | 02 APR 15 AMII: 15 |
| Principal Place of Business 15051 SOUTH TAMIAMI TRAIL. #203 FORT MYERS FL 33908 | | Mailing Address 15051 SOUTH TAMIAMI TRAIL, #203 FORT MYERS FL 33908 | | SECRETARY OF STATE TALLAHASSEE.FLORIDA |
| Principal Place of Business 3. Mailing Address | | | ss | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | tc. | DUE BY MAY 1, 2002 |
| City & State | | City & State | | 4. FEI Number 65-0980107 Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional |
| | 6. Name and Address of Currer | nt Registered Agent | | Fee Required 7. Name and Address of New Registered Agent |
| 12670 NE | .o, truman J Ew Brittany Blvd., Ste. 101 /ERS Fl 33907 | | Street Addres | ss (P.O. Box Number is Not Acceptable) |
| 8. The above named entity submits this statement for the purpose of changing its | | | | FL Zip Code |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. | · | DATE |
| 9. Capital Contributions as Shown on record. \$1,800,000.00 In FLORIDA to date. | | | | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
| | | Triffor be change | SS ENTITY MUST BE REGI d on the form; an amendm | ISTERED AND ACTIVE WITH THIS OFFICE. sent must be filed to change a general partner. |
| 12. | GENERAL PARTNE P00000008168 | R INFORMATION | 13. | ADDRESS CHANGES ONLY |
| NAME STREET ADDRESS CITY-ST-ZIP | PHOENIX EQUITIES, INC. 15051 SOUTH TAMIAMI TRAIL, FORT MYERS FL 33908 | #203 | STREET ADDRESS CITY-ST-ZIP | 30 12 00 5307303~4 |
| DOCUMENT # | | | STREET ADDRESS | ************************************** |
| NAME STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # NAME | | | STREET ADDRESS | 3000053073034 |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # NAME | | | STREET ADDRESS | |
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| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | ertify that the information supplied with | at the Control of the | CITY-ST-ZIP | |

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

President, Phoenty Equites The

GNATURE:

4-10-02

331-406-3-753-SIGNATURE: _

2394667737