

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000454

1. Entity Name

NEW CENTURY ENTERPRISES, LTD

02 APR -4

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16952 PASSAGE ISLAND SO.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JUPITER, FL

City & State
SAME

Zip
33477

Country

Zip

SAME

Country

4. FEI Number
52-2224783

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPORATE SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

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 see if applicable.

DATE

9. Capital Contributions
as Shown on record. 15,000,000

10. Amount of Capital Contributions
in FLORIDA to date. 14,867,926

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 # P00000024013
NAME NEW CENTURY MANAGEMENT CORP.
STREET ADDRESS 16952 PASSAGE ISLAND SOUTH
CITY-ST-ZIP JUPITER, FL 33477

STREET ADDRESS

CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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04/02/02-0001-013

***526.25 ***526.25

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/02

Date

302 774 2707

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE