

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000473

1. Entity Name

FILED

01 OCT -9 PM 12:17

Principal Place of Business
11809 NOTH DALE MABRY AVE.
TAMPA FL 33618

Mailing Address
250 SOUTH AUSTRALIAN AVE., 9TH FLOOR
WEST PALM BEACH FL 33401

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

59-3633149

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$75,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000001349
NAME USD CARROLLWOOD, INC.
STREET ADDRESS 250 SOUTH AUSTRALIAN AVE., 9TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

1000004634804--7

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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

NAME

GENERAL PARTNER

Date

Daytime Phone #