

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # A00000001182****1. Entity Name**
SUNBELT MARKET VENTURES LTD. I**Principal Place of Business****Mailing Address**

2060 CHAGALL CIRCLE

2060 CHAGALL CIRCLE

WEST PALM BEACH

FL

WEST PALM BEACH

FL

334097524

334097524

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-1026790**

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

SCHREIBER MARC

216 ANHINGA LANE

JUPITER

FL

334588338

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/24/2001

DATE

9. Capital Contributions

as Shown on record. 1,500.00

10. Amount of Capital Contributions

in FLORIDA to date. 1,500.00

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 #**
NAME SUNBELT MARKET VENTURES G.P., INC.
STREET ADDRESS 2060 CHAGALL CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 334097524**STREET ADDRESS****CITY-ST-ZIP****DOCUMENT #**
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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:**

marc.schreiber

pres

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)