APPROVEL

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SECRETARY OF STATE

2002 UNIFORM BUSINESS REPORT (UBR) Â00000001210 **DOCUMENT #** 1. Entity Name GLADES BREWERY PARTNERS, LTD. Principal Place of Rusiness

Timolpan tiace of Eddiness		Mailing Address		ALLAHASSELFFEGIUST	
301 YAMATO ROAD. SUITE 3101 BOCA RATON FL 33431		301 YAMATO ROAD. SUITE 3101 BOCA RATON FL 33431			
2. Principal Place of Business		3. Mailing Address		- 10271480	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State		4. FEI Number Applied For	
				Not Applicable	
Zip	Country	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STOLTZ, MORRIS L II			Name		
301 YAMATO ROAD, SUITE 3101			Street Addr	ess (P:O:Box:Number is Not:Acceptable)	
BOCA RATON FL 334					
			City	FL Zip Code	
8. The above named entity	submits this statement for t	ne purpose of changi	ng its registered office or req	gistered agent, or both, in the State of Florida.	
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable.				DATE	
Capital Contributions as Shown on record	\$990.00	10. Amount of	Capital Contributions	11. MAKE CHECK PAYABLE TO DEPT OF STATE	

in FLORIDA to date. 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.

GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P00000072654 DOCUMENT # STREET ADDRESS GLADES BREWERY, INC. NAME STREET ADDRESS 301 YAMATO ROAD, SUITE 3101 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** 600005312476--8 -04/22/02--01037--002 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS *****141.25 ****141.25 CITY-ST-ZIP CiTY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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:

SHOURED SHO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

-20-02

Daytime Phone #