

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009408
AT

02 APR 25 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

DOCUMENT # A00000001361

1. Entity Name
BLUE HORIZON LIMITED

| | |
|---|---|
| Principal Place of Business 3311 N.E. 26TH AVENUE LIGHTHOUSE POINT FL 33064 | Mailing Address 3311 N.E. 26TH AVENUE LIGHTHOUSE POINT FL 33064 |
|---|---|

| | | | |
|---|---|---|-----------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | 4. FEI Number 65-1039846 | Applied For APPLIED FOR |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | Applied For Not Applicable |
| Zip | Country | Zip | Country |

6. Name and Address of Current Registered Agent

**MAYERSOHN, JOEL D
ATLAS PEARLMAN, P.A.
350 EAST LAS OLAS BOULEVARD, SUITE 1700
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$20,000.00 | 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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | COHEN, LAWRENCE 3311 N.E. 26TH AVENUE LIGHTHOUSE POINT FL 33064 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 800005450308--3 |
| CITY-ST-ZIP | -05/03/02--01064--009 ***228.75--***228.75 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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: _____ **2-25-02** **854-943 4020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)