2001	UNIFORM	BUSINESS	REPORT	(UBR)
-			1	_

DOCUMENT # A0000001687 1. Entity Name					7	
1150 TECHPARTNERS, LTD.					FILED	
Principal Place of Business Mailing Address					01 MAR 12 AN 9:05	
% DALE HEDRICK 1100 TECHNOLOGY PLACE. SUITE 122 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407					SECRETARY OF STATE TALLARASSEE ENTERING	
2. Principal Place of Business		3. Mailing Address 2200 CENTRE PARK WEST DU		55 DR/		
Suite, Apt. #, etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		WEST PALM BENCH, FC		-	4. FEI Number Applied For Not Applied For Not Applied For	3
Zip	Country	33409	Country		5. Certificate of Status Desired	
	6. Name and Address of Current F	tegistered Agent			7. Name and Address of New Registered Agent	4
HEDRICK, DALE 1100 TECHNOLOGY PLACE, SUITE 122 WEST PALM BEACH FL 33407			Name Street A	et Address (P.O. Box Number is Not Acceptable)		
			220 City 14	2200 CENTREPARK WEST DRIVE #100 THE VEST PALM BEACH FL Zip Syll 409		
8. The above	named entity submits this statement for	the purpose of changing its reg	registere	ed agent, or both, in the State of Florida:	1	
SIGNATURE _	Signature, typed or printed name of : gistered agent ar	4 CE R MEWIC ad title if applicable. (NOTE: Re	egistered Agent signati	Oreofe) picky	S COUNTS STORT GP IN (1/9/2000	
9. Capital Cor as Shown o		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	٦			
					ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	7
12.	. GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	┨
DOCUMENT #	P00000048683 CORNERSTONE GENERAL PARTNER, INC.		STREET ADDRESS	22	DO TESE CENTREPARK WEST DRIVE	7
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		50 PALMBENCY), EL 33409	1
DOCUMENT #	WEST FALM BEACTITE 33407		STREET ADDRESS	1000	6000038546069	7
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		-03/15/01 01086-012 ****141.25 ****141.25	-
DOCUMENT# -	• • •		STREET ADDRESS		· · ·	4
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			_
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ĎOCUMENT # NAME			STREET ADDRESS			7
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #	‡*		STREET ADDRESS			1
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
14. I hereby of indicated	ertify that the information supplied with to on this report is true and accurate and t	his filing does not qualify for the hat my signature shall have the	e exemption states	ted in Sec ct as if ma	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership o	or

SIGNATURE: SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING GENERAL PARTNER Date Date Dayling Phone #

CR2E003 (11/00)