2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU	MENT # A0000	0001699				
TIVOLI RESERVE INVESTMENT GROUP LTD.					FI	LED
Principal Place of Business		Mailing Address		01	JAN	18 AM 11: 27
101 WESTLAKE DRIVE BOYNTON BEACH FL 33436		101 WESTLAKE DRIVE BOYNTON BEACH FL 334:	36	SEC TALI	RETA LAHAS	NRY OF STATE SSEE, FLORIDA UNE THE REPORT OF STATE OF STATE SSEE FLORIDA
2. Principal Place of Business 3. Malling A		3. Mailing Address	failing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry		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 Name		
KORN, GARY A 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA FL 33180				Street Address (RO. Box Nimber is Not Acceptable) Suite 50 City Aventura FL Zip Code 186		
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 registered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 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		13.	, an ame	idilicit	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F9900004039 HOME DEVCO/TIVOLI, INC. 101 WESTLAKE DRIVE BOYNTON BEACH FL 33436			EET ADDRESS -ST-ZIP		(
DOCUMENT # NAME			STRE	EET ADDRESS		1000035761013
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NAME Street address City-St-Zip		٠		ET ADORESS - - ST-Zip		
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
14. I hareby of indicated the receiv	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	this filing does not qualify for that my signature shall have t report as required by Chapt	the exer he same er 620, F	mption state e legal effec lorida Statu	ed in Sec t as if ma utes	ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a General Partner of the limited partnership or