2002	UNIFO	RM BU	SINESS	REP	ORT	(UBR)
------	-------	-------	--------	-----	-----	-------

1. Entity Nam		000010		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business  5505 N. ATLANTIC AVE. #115  COCO BEACH FL 32931  Principal Place of Business  3. Mailing Address  Mailing Address					02	APR 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 20		$\neg$
City & Stat	e	City & Sta	ute		4. FEI Number	59-3737436	Applied For	$\exists$
Zip Country		Zip	Zip Country		1	f Status Decired	Not Applicab \$8.75 Additional	ole
	6. Name and Address of Current	Registered Ag	ent			Address of New Registered A	ee Required	_
		<del></del> :		Name				
	rporate services of centra Th orange ave. Suite 1100	L FLORIDA		Street Address (P.O. Box Number is Not Acceptable)				
	O FL 32801							
				City FL Zip Code			Zip Code	
SIGNATURE  9. Capital Coras Shown of		and title if applicable.	f changing its registers		ered agent, or both	DATE  11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOI		_
<del></del> -	A GENERAL PARTNER NOTE: General Partners MA					CTIVE WITH THIS OFFICE		7
12.	GENERAL PARTNE			i, an amenum	ant must be met	ADDRESS CHANGES ONL		$\dashv$
DOCUMENT #	P01000078262		STRE	ET ADDRESS				9/01)
STREET ADDRESS CITY-ST-ZIP	COOO DEACH EL COOO		CITY	-ST-ZIP	<del></del> ·	a 6 1	;	CR2E003 (9/01)
DOCUMENT <b>#</b>	0000 001111 02001		STRE	ET ADDRESS	60	<u></u>	<del></del>	
NAME STREET ADDRESS CITY-ST-ZIP			СІТУ	-ST-ZIP		000052578 	<del>970 - 880 -</del> ****150.00	_
DOCUMENT #			STRE	ET ADDRESS	·	<u></u>		_
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	<del></del>		·	_
DOCUMENT # NAME			STRE	EET ADDRESS				<del></del> -
STREET ADDRESS CITY-ST-ZIP			СІТҮ	-ST-ZIP				
DOCUMENT # NAME		-	STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СІТУ	-ST-ZIP				_
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				_
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	that my signatu is report as requ He1	ire shall have the same aired by Chapter 620 I itage GP 200	e legal effect as if Florida Statutes 02, Inc.	made under oath;	, Florida Statutes. I further certi that : am a General Partner of t	ty that the information he limited partnership	or
SIGNAT	URE: Minds Will AM		chael McPhil		sident	Date Da	ytime Phone #	.