2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 JUN 10 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000271 AV

DOCUMENT # A01000001462

1. Entity Name

6681, LTD.

Principal Place of Business	Mailing Address
6351 N.W. 28TH WAY. SUITE A FORT LAUDERDALE FL 33309	6351 N.W. 28TH WAY. SUITE A FORT LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRORY, J. WALTER P.A.
1512 EAST BROWARD BLVD., SUITE 200
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: DAVID H. FEE
Street Address (P.O. Box Number is Not Acceptable): 6351 NW 28 WAY SUITE A
City: FT. LAUD, FL. **FL** Zip Code: 33309

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 _____ 3/29/02 DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$196,000.00	198,000	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000023871	STREET ADDRESS	
NAME	DHF CORP.	CITY-ST-ZIP	
STREET ADDRESS	6351 N.W. 28TH WAY, SUITE A		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	800005622928--1
NAME		CITY-ST-ZIP	-05/29/02--01012--006
STREET ADDRESS			****526.25 ****526.25
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NAME		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: SIGNATURE REQUIRED 4/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE