

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01252

1. Entity Name

TROPICAL DRIVE VENTURES, LTD.

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 21 S.W. 63RD AVENUE PLANTATION FL 33317		Mailing Address 21 S.W. 63RD AVENUE PLANTATION FL 33317		4. FEI Number 59-1321229		Applied For Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$0.00 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HENNES, PAUL L.	STREET ADDRESS	700004610567--5
NAME	21 S.W. 63RD AVENUE	CITY-ST-ZIP	-09/25/01--01068--027
STREET ADDRESS	PLANTATION FL		****541.25 ****541.25
CITY-ST-ZIP			
DOCUMENT #	GARTNER, SAMUEL	STREET ADDRESS	
NAME	1225 W. CHURCH ST.	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: *Paul L. Hennes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-7-2001 954-584-6290
Date Daytime Phone #

0006715 AF

CR2E003 (11/00)