2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT.# .. A03415 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS TANBROCO, LTD. 00 FEB - 1 AM 10: 34 Principal Place of Business Mailing Address 113 GULFSTREAM ROAD 113 GULFSTREAM ROAD NORTH PALM BEACH. FL. 33408 NORTH PALM BEACH. FL. 33408 2. Principal Place of Business 3. Mailing Address 113 GULFSTREAM ROAD 113 GULFSTREAM ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NO. PALM BEACH, FL. 33408 NO. PALM BEACH, FL. 33408 City & State 4. FEI Number Applied For City & State 59-6225601 Not Applied Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33408 33408 U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TANEN, NATHAN Street Address (P.O. Box Number is Not Acceptable) 861 LAKESIDE DRIVE NORTH PALM BEACH, FL. 33408 Zip Code City 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHPCK PAYARI F TO DEPT 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. SE REVENSE SEE SEE SE as Shown on record \$1,000.00 \$1,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # STREET ADDRESS The way NAME TANEN, MELVIN STREET ADDRESS 200003123392-113 GULFSTREAM ROAD CITY-ST-ZIP CITY-ST-ZIP <del>02/03/00--01</del>11U--017 NO. PALM BCH, FL. 33408 \*\*\*\*141.25 DOCUMENT # \*\*\*\*141.25 STREET ADDRESS NAME TANEN, NATHAN STREET ADDRESS 861 LAKESIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP NO. PALM BEACH, FL. 33408 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes 1/27/00 561-627-8061 SIGNATURE: NATEGANTURE AND EXPED OR PRINTED NAME OF SIGNING GENERAL PARTNER