UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name FILED **CLEARWATER PARTNERS LIMITED** 01 MAR -5 AN 10: 59 Principal Place of Business Mailing Address P.O. BOX 999 P.O. BOX 999 SECRETARY OF STATE CHADDS FORD PA 19317 CHADDS FORD PA 19317 TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-2404312 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, BRUCE E Street Address (P.O. Box Number is Not Acceptable) BRANDYWINE FINANCIAL SERVICE CORP. 2637 MCCORMICK DRIVE **CLEARWATER FL 33759** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,797,700.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE. General Partitlets MAY NOT be changed on the form, an aniendinent must be med to change a general partitlet.			
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	852350 BRANDYWINE CORPORATION	STREET ADDRESS'	
	2 POND'S EDGE DR. CHADDS FORD PA	CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
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NAME TO THE PROPERTY OF		STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bruce E. Moore tresident Bandywine Corporation, JAN 18 2001

(410)388-9600

D:

Date

CR2E003 (11/00)