2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20959 PLEASE BE ADVISED THE TWO PARTNERS OF OLDHAM INVEST									x 1	<i>(</i>)	
OLDHAM INVESTMENTS, LTD. (SEE ATTACHED K-1'S)					-1'S). T	HEREFORE,	.	FILED			
Principal Place of Business Principal Place of Business 1312 COMMERCE LANE SUITE 1A JUPITER FL 33458 NONE OF THE CAPITAL (FROM BOX 5B CAME FRUM BECAUSE THERE ARE NO 1312 COMMERCE LANE SUITE 1A JUPITER FL 33458						TITED PART	TNERS 01 MAR 23 AM 10:4 SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business 3. Mailing Address									isii siisii sii ii sii	[
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE			
City & State City & State							4. FEI Numbe	59-2584680		Applied For Not Applicable	
Zip	Zip Country			Zip	Count	Country		of Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
OLDHAM, WESLEY W						Street Address (P.O. Box Number is Not Acceptable)					
1312 COMMERCE LANE SUITE 1A											
JUPITER FL 33458						City	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
9. Capital Contributions as Shown on record. \$1,450,000.00 in FLORIDA to date.							00	11. MAKE CHECK SEE REVERS		DEPT. OF STATE E INFORMATION	
								CTIVE WITH THIS			
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION								ADDRESS CHA			
DOCUMENT # NAME	OLDHAM, WESLEY W				STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ADDRESS 1312 COMMERCE LANE., SUITE 1			A cm		ST-ZIP			<u></u>		
DOCUMENT # NAME	OLDHAM.	STEPHEN L			STREE	ET ADDRESS	417	100039	2225	4	
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14. I hereby of indicated the receiv	er or trustee	information suit is true and accembotive led to		nis filing does not qual my signature sha report as required by	y Chapter 620, F	lorida Statutes), Florida Statutes. I f that I am a General 3/14/01	urther certify the Partner of the li	nat the information imited partnership or 6-7429	

3/14/01 Date

(561)746-7429 Daytime Phone #