

2001 UNIFORM BUSINESS REPORT (UBR)

0003564 AF

DOCUMENT # **A22921**

1. Entity Name

DYKES ROAD ASSOCIATES, LTD.

Principal Place of Business

% EDMOND J. GONG, ESQ.
6161 BLUE LAGOON DR., SUITE 270
MIAMI FL 33126

Mailing Address

% EDMOND J. GONG, ESQ.
6161 BLUE LAGOON DR., SUITE 270
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GONG, EDMOND J.
6161 BLUE LAGOON DR., SUITE 270
MIAMI FL 33126

7. Name and Address of New Registered Agent

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

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.

\$102,347.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$102,347

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

DOCUMENT # **823635**
NAME **INFLAHEDGE RESOURCE FUND**
STREET ADDRESS **%6161 BLUE LAGOON DRIVE STE. 270**
CITY-ST-ZIP **MIAMI FL 33126**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Edmond J. Gong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/01 (305) 261-6222

Date

Daytime Phone #

EDMOND J. GONG

FILED

01 APR 11 AM 8:45

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)