200	2 UNIFO	RM BUSIN	ESS REPO	RT (UE	BR)			1.2	
DOCU 1. Entity Na	:								
THE H	:			FILED					
Principal Place of Business Mailing Address						02 A	PR 19 PM	1: 28	
101 NORTH FEDERAL HIGHWAY SUITE B BOCA RATON FL 33432		1	101 North Federal Hig Suite B BOCA RATON FL 33432	iHWAY		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Suite, Apt. #, etc. Suite, Apt. #, etc.				edul)~ (1 1061001 1010 11011 BIBEO 11110 10111 1001 BIBEI BIBII			
Home affice Home of				fize					
City & State Beach Fla Vero Be				dolf F	hd	4. FEI Number	59-2816301		Applied For Not Applicable
3290	Indian	River	5. Certificate of		└ Fee!	75 Additional Required			
HAGGER	Name	G Address (I	Lenn	ddress of New Re	oe A	<u> </u>			
101 N. FEDERAL HWY. STE. 1B				30661	Address (I	O. Box Number		1	
BOCA RATON FL 33432				City	2675 Or ear Dr				
8. The above	named entity submit	s this statement for the p	egistered office	V € → or register	<u>〜 </u>	in the State of Flori	_ P №	12963	
SIGNATURE Signature, typed or printed name of registered abent and year if applicable.					·		4-	/2 - DATE	2002
9. Capital Contributions as Shown on record. \$400,000.00 10. Amount of Capital in FLORIDA to da				e .			11. MAKE CHECK SEE REVERSE	SIDE FOR FEE	WEORMATION
	A GENERA NOTE: Gener	AL PARTNER THAT I	ITY MUST BE form; an am	REGIST	ERED AND AC	TIVE WITH THE	OFFICE A		
12.	GE	NERAL PARTNER INFO	RMATION	13.	1		ADDRESS CHAN		
NAME STREET ADDRESS	HAGGERTY, GLENN R 2675 OCEAN DRIVE			STREET ADDRESS					
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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:

4-12-2002 Date