2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26095

1. Entity Name

DUCTILE, LTD.

FILED

03 APR -7 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~2550 N. FEDERAL HWY., STE. 6~~ ~~FT. LAUDERDALE FL 33305~~	~~PO BOX 7467~~ ~~FT. LAUDERDALE FL 33338~~

2. Principal Place of Business	3. Mailing Address
1151 N Ft Lauderdale Bch Blvd	% JC Cunningham 1151 N FT Ldle Bch Blvd
Suite, Apt. #, etc. 12A	Suite, Apt. #, etc. 12A
City & State Ft Lauderdale, FL	City & State Ft Lauderdale, FL
Zip 33304 Country USA	Zip 33304 Country USA

DUE BY MAY 1, 2002

4. FEI Number 65-0033474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUNNINGHAM, JOHN C 1151 N. ATLANTIC BLVD., APT. 12A FT. LAUDERDALE FL 33304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	1151 N. Ft. Lauderdale Bch. Blvd. #12A
NAME	CUNNINGHAM, JOHN C	CITY-ST-ZIP	Ft. Lauderdale, FL 33304
STREET ADDRESS	~~2550 N. FEDERAL HWY., STE. 6~~		
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33305~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 3/19/02 (954) 565-5475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

John C. Cunningham

3/3/03