## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27357  1. Entity Name								C. C	FILLOD			
SOUTH HANGAR, LTD.									SECRETARY OF STATE DIVISION OF COMPORATIONS			
Principal Place of Business  C/O MARTIN F. GREENBERG  1900 GLADES ROAD. SUITE 245  BOCA RATON FL 33431  Mailing Address  C/O MARTIN F. GREENBERG  1900 GLADES ROAD. SUITE  BOCA RATON FL 33431-854							SUITE 245		00 APR 21 AM 3: 05			
Principal Place of Business     3. Mailing Address											1811 A.L.F.) DIDIJ DIDIJ DIBIJ AIDIJ 1481	
Suite, Apt. #, etc. Suite, Apt. #, etc.						e, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State					City & State				4. FEI Number	65-0082442	Applied For Not Applicable	
Zip	Zip Country				Zip Count			try	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name	and A	idress of	Current Re	gistere	d Agent			7. Name and A	Address of New Register	red Agent	
. =		_	٠					Name				
Greenberg, Martin F. 3700 Airport RD.								Street Address (P.O. Box Number is Not Acceptable)				
STE.401												
BOCA RATON FL 33431								City	FL Zip Code			
8. The above	named entity	y submi	ts this state	ement for th	ne purpo	ose of changing	its registere	ed office or regist	ered agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed	or printed	name of regist	ered agent and	title if appl	icable. (N	VOTE: Registere	d Agent signature requi	red when reinstating)	O/	NIE	
9. Capital Contributions as Shown on record:  \$100.00  10. Amount of Capital Contributions in FLORIDA to date							date.			SEE REVERSE SID	ABLE TO DEPT. OF STATE E FOR FEE INFORMATION	
	A (	GENE	RAL PAR	TNER TH	AT IS A	BUSINESS I	ENTITY M	UST BE REGIS	STERED AND A	CTIVE WITH THIS OFF to change a general	ICE.	
	NOIE			PARTNER IN			13.	, all amendine	int must be med	ADDRESS CHANGES		
12.	M43129	٠	ENEMAL F	ARTINER	ALOUM!	ATION	13.			ADDRESS CHANGES	ONE	
DOCUMENT # NAME STREET ADDRESS	TOWNE OAKS, INC.						STRE	ET ADDRESS				
CITY-ST-ZP BOCA RATON FL 33431							CITY	-ST-ZIP	72.0	<u> </u>	00470	
DOCUMENT# NAME							STRE	ET ADDRESS			-01119011	
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DOCUMENT#							STRE	ET ADDRESS				
STREET ADDRESS			*, *	. ` "				-ST-ZIP				
14. I hereby of indicated the receiv	certify that the lon this reporter or trustee	empow	ered to ex	ecute this r	eport as	required by Ch	iapter §20, i	-lorida Statutes			r certify that the information er of the limited partnership or	
SIGNAT	URE: _	SIG	SIC .	TYPET OR PR	INTED NA	FEQUI ME OF SIGNING GEN	IR F///	TOWNE	GRANDER JAKS , IN	E Pres. 4/1	3/03 3 47-8585 Daylime Phone #	