2002 UNIFORM BUSINESS REPORT (UBR)					APPRUYE		
DOCUMENT # A27569  1. Entity Name					AND FILED		
SCHICKEDANZ BROS - PHEASANT RUN LTD.					02 APR 26 PM 1:30		
5				1	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 4152 WEST BLUE HERON BLVD. SUITE 116 RIVIERA FL 33404		Mailing Address 4152 WEST BLUE HERON BLVD. SUITE 116 RIVIERA FL 33404				<b>1</b> 11 1 <b>26</b> 1	
7711	Mace of Business N. Military Trail	3. Mailing Address 7711 N. Military Trail		.1			
Suite, Apt. 3rd F		Suite, Apt. #, etc. 3rd Floor			DUE BY MAY 1, 2002		
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		L.	4. FEI Number 65-0107373 Applied Not App		
Zip 33410	Country Palm Beach	<sup>Zip</sup> 33410	Country Palm Be	ach	5. Certificate of Status Desired S8.75 Additional Fee Required	al	
	6. Name and Address of Current F		Taim be	acii	7. Name and Address of New Registered Agent		
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SCHICKE 4152 WE		Street	Schickedanz, Waldemar et Address (P.O. Box Number is Not Acceptable) 7711 N. Military Trail				
Suite 116 Riviera Beach FL 33404				3rd	Floor		
TUYLERA DEACH FE 33404				Palm	Beach Gardens FL Zip Code 33410	İ	
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 SWALLDONAMON SCIENCE SOUND					01/10/2002	_	
9. Capital Contributions as Shown on record. \$7,400.00 10. Amount of Capital in FLORIDA to date			I Contributions		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					ADDRESS CHANGES ONLY		
DOCUMENT # NAME	K54111 SCHICKEDANZ ENTERPRISES, IN		STREET ADDRESS		711 N. Military Trail, 3rd Floor		
STREET ADDRESS CITY-ST-ZIP	4152 WEST BLUE HERON BLVD., SUITE 116 RIVIERA BEACH FL 33404		CITY-ST-ZIP	P	Palm Beach Gardens, FL 33410		
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
NAME STREET ADDRESS			STREET ADDRESS		300005449593 -05/03/0201045001 ****141.25 ****141.	-9	
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DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS				
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CITY-ST-ZIP		····	CITY-ST-ZIP				
NAME STREET ADDRESS			STREET ADDRESS				

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

01/10/2002

<u>561-845-8797</u>

CR2E003 (9/01)

<sup>14.</sup> 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