

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # A27626
 1. Entity Name
 EXP. C. C., LTD.

Principal Place of Business: 1048 KANE CONCOURSE SUITE B, BAY HARBOR FL 33154
 Mailing Address: 1048 KANE CONCOURSE SUITE B, BAY HARBOR FL 33154-2107



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: 65-0110844
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 REINHARD, SANFORD
 2875 NE 191ST ST., SUITE 404
 NO. MIAMI BEACH FL 33190

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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

9. Capital Contributions as Shown on record: \$192,500.00
 10. Amount of Capital Contributions in FLORIDA to date: _____
 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	517336	STREET ADDRESS	
NAME	HARLAND ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	8371 WATERFORD CIR		
CITY - ST - ZIP	TAMARAC FL		
DOCUMENT #	P95000095941	STREET ADDRESS	
NAME	SHOP-EXP., INC.	CITY - ST - ZIP	
STREET ADDRESS	2875 N.E. 191ST. ST., SUITE 404		
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: APR 27/2000
 Daytime Phone #: 514-861-8020

CR2E003 (9/99)