

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28922**

1. Entity Name

CITADEL SECONDARY MARKET LP FUND I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB - 1 AM 10:33

Principal Place of Business

3001 LINCOLN DRIVE WEST. STE. B
MARLTON NJ 08053

Mailing Address

3001 LINCOLN DRIVE WEST. STE. B
MARLTON NJ 08053-1528

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1866817

Applied For

Not Applied

Zip

Country

Zip

Country

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

TOBER, JOHN E

1404 BRICKELL AVENUE

SUITE 340

MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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 #

F93000002087

NAME

CITADEL FINANCIAL GROUP, INC.

STREET ADDRESS

3001 LINCOLN DRIVE, STE. 6

CITY - ST - ZIP

MARLTON NJ 08053

STREET ADDRESS

STE. B NOT 6

CITY - ST - ZIP

STREET ADDRESS

3000003123383--3

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles Gorenberg, President

1/24/00

Date

(856) 988-0480

Daytime Phone #

Charles Gorenberg