

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -2 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A29382

1. Entity Name

PIPER LTD.

Principal Place of Business

Mailing Address

8890 W. Oakland Park Blvd.
#202
Ft. Lauderdale Fl 33321

Same as
Principal Place
of Business

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

200 Cadiz Ct.

Merritt Island Fl

32953

4. FEI Number

65-0161579

Applied For

Not Applicable

5. Certificate of Status Desired XX

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Caschette, James H
1900 N. University Dr. #205
Pembroke Pines Fl 33024

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.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$51,831.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
Caschette, James H.
8890 W. Oakland Park Blvd.
Ft. Lauderdale Fl 33321

STREET ADDRESS
CITY-ST-ZIP
1900 N. University Dr. 205
Pembroke Pines Fl 33024

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
Caschette, Rebecca E
8890 W. Oakland Park Blvd
Ft. Lauderdale Fl 33321

STREET ADDRESS
CITY-ST-ZIP
1900 N. University Dr. 205
Pembroke Pines Fl 33024

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

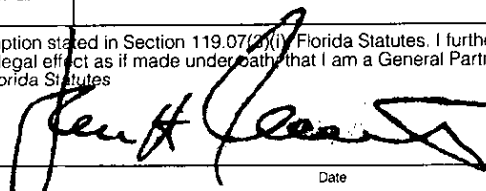
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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

James H. Caschette



4-30-01
321-449-8560

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)