

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008156 AF

<b>DOCUMENT #</b>	<b>A29580</b>
<b>1. Entity Name</b>	<b>MARTIN COUNTY BUSINESS PARK, LTD.</b>

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1350 E. NEWPORT CENTER DR., SUITE 206 DEERFIELD BEACH FL 33442	P.O. BOX 4219 DEERFIELD BEACH FL 33442-4219

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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01 MAY 11 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>65-0170550</b>	Applied For
		Not Applicable
<b>5. Certificate of Status Desired</b>		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
KAY, JAMES R P.A. 2000 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33409		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 \_\_\_\_\_

<b>9. Capital Contributions</b> as Shown on record. <b>\$1,000,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	L29787	STREET ADDRESS	
NAME	PRESTA I, INC.	CITY-ST-ZIP	
STREET ADDRESS	1350 E. NEWPORT CENTER DR., SUITE 206		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	3000004420523--2
NAME		CITY-ST-ZIP	-06/14/01--01101--006
STREET ADDRESS			***535.00 ***535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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(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

<b>SIGNATURE:</b>	<i>[Signature]</i>	<b>SIGNATURE REQUIRED TO CASSER</b>	4-25-01	954-426-454
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>		<b>Date</b>	<b>Daytime Phone #</b>	

CR2E003 (11/00)