## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30398  1. Entity Name  THE GLEN OF WINTER PARK FINANCIAL, LTD.				FILED SECRETARY OF STATE SECRETARY OF STATE		
1112 002		-,-,			SECRETARY OF CORPORATIONS	
Principal Place of Business  C/O DARYL B. CRAMER  515 NORTH FLAGLER DRIVE. SUITE 910  WEST PALM BEACH FL 33401  Mailing Address  C/O DARYL B. CRAMER  515 NORTH FLAGLER DRIVE  WEST PALM BEACH FL 33401					00 MAY -   AM 10: 33	
2. Principal Place of Business 3. Mailing Address						
/o Daryl Cramer & Assoc., P.A. c/o Daryl Cra				& Assoc.	P.A. DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.  515 N. Flagler Dr #910  City & State W.P.B, FL  Suite, Apt. #, etc.  515 N. Flagler  City & State W.P.B, FL				-	4. FEI Number 65-0578379   Applied For   Not Applicable	
<sup>Zip</sup> 3340	3401 Country US Zip 33401		Count	fš	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		Nome	7. Name and Address of New Registered Agent	
DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401				515 N. F	daryl Cramer & Associates, P.A. et Address (P.O. Box Number is Not Acceptable)  5 N. Flagler Dr., #910	
				City W.P.1	FL Zip Code 33401	
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						
Signature, typed or printed name of registered agent and parameters of the signature required when reinstating)  DATE  DATE						
as Shown on record.  in FLORIDA to date. \$1,971,640.00  SEE REVERSE SIDE FOR FEE INFORMATION						
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTED NOTE: General Partners MAY NOT be changed on the form; an amendment of					t must be filed to change a general partner.	
12.	GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	SUSSEX FINANCIAL CORP. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401			ST-ZIP	526 25 8.75	
DOCUMENT #	WEST PALM BEACHT E 35401		STRE	ET ADDRESS	3000032901339 -06/15/0001004006	
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14. I hereby certify that the information supplied with this filling 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						

Coldifabrizio Lucchese, Secretary