## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCÚMENT # <b>A32303</b>						FILED			
1. Entity Nan	ROSVENOR PANIC LIMITED PARTNERSHIP  Paral Place of Business GA BLVD. 280 SUITE 280 SCH. GARDENS FL 33410 PALM BCH. GARDENS FL 33410  Reipal Place of Business 13. Mailing Address 14. Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State  Country  Country  Tip  6. Name and Address of Current Registered Agent  NER, DAVID J 1 PGA BLVD. TE 280 M BCH. GARDENS FL 33410  A deneral partner for the purpose of changing its registered agent and lifte if applicable.  (NOT Registered Agent)  TURE  Signature, typed or printed name of registered agent and lifte if applicable.  A GENERAL PARTNER THAT IS A BUSINESS EN TIT NOTE: General Partners MAY NOT be changed on the form of record.  A GENERAL PARTNER INFORMATION  NIT / DORESS ZIP PALM BCH. GARDENS FL 33410  DORESS ZIP PALM BCH. GARDENS FL 33410  DORESS ZIP PALM BCH. GARDENS FL 33410  DORESS ZIP PALM BCH. GARDENS FL 33410					01 APR 30 PM 6: 09			
GIOOTE	MORTANO BINITED FRANCIO	• • • • • • • • • • • • • • • • • • •				SECRETARY OF TAELAHASSEE, FI	STATE		
Principal Plac	pe of Business	Mailing Address				TALLAHASSEE, FI	LORIDA		
2401 PGA BLVD. SUITE 280		2401 PGA BLVD.	2401 PGA BLVD.						
PALM BCH. G	ARDENS FL 33410	PALM BCH. GARDENS FL 3	3410						
2. Principal Place of Business		3. Mailing Address					1811 FIBU BIBU BIBU BIBU BIBU		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Numbe	65-0317005	Applied For Not Applicable	e		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	-	
	6. Name and Address of Curren	t Registered Agent		_	7. Name and	Address of New Registered	Agent	コ	
				Name					
WIENER, DAVID J				Street Address (P.O. Box Number is Not Acceptable)					
								┪	
SUITE 280									
PALM BCH. GARUENS FL 33410				City ·	City FL Zip Code				
8. The above	e named entity submits this statement	for the purpose of changing its re	egistere	ed office or regi	stered agent, or both	n, in the State of Florida.		İ	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT : I	Registere	d Agent signature rec	uired when reinstating)	DATE			
				outions \$2,3	48,460.00	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	E TO DEPT. OF STATE OR FEE INFORMATION		
	A GENERAL PARTNER	THAT IS A BUSINESS EN TI	ITY M	UST BE REG	ISTERED AND A	CTIVE WITH THIS OFFIC	E. rtner.		
12.			13.	, all allielluli	ent must be mot	ADDRESS CHANGES ON		$\exists$	
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14. I hereby indicated the receiver	certify that the information supplied will don this report is true and accurate an ever or trustee empowered to execute.	th this filing does not qualify for the that my signature shall have the signature of the course of	he exe le same r 620, l	mption stated ir e legal effect as Florida Statutes	n Section 119.07(3)(i if made under oath;	), Horida Statutes. I further ce that I am a General Partner c	rtiry that the information if the limited partnership	or	

BHalmish Management Corp.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GIBTE & PARTIE GULLET

April 24, 2001

(561) 694-9270

Daytime Phone #

ERGINA

**SIGNATURE:**