



2001 UNIFORM BUSINESS REPORT (UBR)

0007049 AF

DOCUMENT # A33278 1. Entity Name MTLC INVESTMENT, LTD.						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">01 MAR 12 AM 10:37</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</div>	
Principal Place of Business 103 S. ANCHORAGE DR NORTH PALM BCH FL 33408			Mailing Address 103 S. ANCHORAGE DR NORTH PALM BCH FL 33408				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip		Country	
4. FEI Number 65-0349428						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOORE, BECKY B. % MOORE & ELLRICH, P.A. 4400 PGA BLVD., SUITE 400 PALM BEACH GARDENS FL 33410				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____							
9. Capital Contributions as Shown on record. \$2,400,000.00		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 # V55819				STREET ADDRESS CITY-ST-ZIP 800003851348--9 03/13/01 01114 006 ****526.25 ****526.25			
NAME MTLC MANAGEMENT CORP.							
STREET ADDRESS 4400 PGA BLVD., STE 400							
CITY-ST-ZIP PALM BCH GARDENS FL							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
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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.							
SIGNATURE: 				Date 2/01/01 Daytime Phone # (561) 881-8623			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

CR2E003 (11/00)