

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P94000025063~~ **A33386**

1. Entity Name  
**Sony Partners Limited**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business Mailing Address  
**95 S. Federal Hwy #205** **95 S. Federal Hwy #205**  
**Boca Raton, Fl 33432** **Boca Raton, Fl 33432**

2. Principal Place of Business 3. Mailing Address  
**3348 Peachtree Rd** **3348 Peachtree Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 675** **Suite 675**

City & State City & State  
**Atlanta, Ga.** **Atlanta, Ga.**

Zip Country Zip Country  
**30326** **30326**

4. FEI Number Applied For  
**65-0361691** Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Songy, David B.**  
**95 South Federal Highway**  
**#205**  
**Boca Raton, Florida 33432**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$140,000** 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 #	<b>A33386 P94000025063</b>	STREET ADDRESS	
STREET ADDRESS	<b>SBL Florida, Inc.</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>95 S. Federal Hwy #205</b>	STREET ADDRESS	<b>700003290337--2</b>
DOCUMENT #		CITY-ST-ZIP	<b>06/15/00 01012-011</b>
NAME		STREET ADDRESS	<b>****535.00 ****535.00</b>
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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:  **David B. Songy** **4/21/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)