2001 UNIFORM BUSINESS REPORT (UBR)						RUYEL AND			0006316
DOCUMENT # A33457  1. Entity Name  SR HOLDINGS, LTD.					FILEU				316 AF
					01 APR 30 AM 11: 25				''
Principal Place of Business Mailing Address					SECRETARY OF STATE TALL AHASSEE, FLORIDA				
3400 NE 34TH ST., SUITE 101 3400 NE 34TH ST., SUITE 10 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33306					ALLMIN	(002			
		-			     <b>      </b>				
Principal Place of Business     3. Mailing Address			-		- <del>]</del>				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	65-0364510		Applied Fo	
	Country	Zip	Cour	try .	5. Certificate o	f Status Desired		8.75 Additional ee Required	
6. Name an	d Address of Current Reg	istered Agent		Name	7. Name and A	ddress of New Re	gistered Ag	ent	
RICHTER, SAM					P.O. Box Number	is Not Acceptable)			_
3400 NE 34TH ST., SUITE 101 FT. LAUDERDALE FL 33308					<del></del>	· · · · · · · · · · · · · · · · · · ·	· ·		
				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 Signature, typed or pr	inted name of registered agent and tit	tle if applicable, (NOT	Registere	d Agent signature required	when reinstating)		DATE	<del></del>	}
Capital Contributions     as Shown on record.	\$52,675.00	10. Amount of Capit II		outions				O DEPT. OF STATE FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS EN FITY 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						ADDRESS CHAP			二二
DOCUMENT / 665785  NAME WESTMOUNT INVESTMENTS CORP.  STREET ADDRESS 3400 NE 34TH ST., #101				ET ADDRESS			<del></del> ,		003 (11/00)
CITY-ST-ZIP FT. LAUDERD	ALE FL 33308		CITY	-ST-ZiP					CR2E00
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS	<del>21</del>	<del>)))))4</del> 3	2 1 G(C	<del>142</del>	<b>⊒</b> ⊢ 5
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CITY-ST-ZIP  DOCUMENT •	\$ 1-10.		-					<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP			l	ST-ZIP		· <del>-</del>			
14. I hereby certify that the information expolled with this fling 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: BY SIGNATURE REQUIRED A 4901 (954) 568-4118									_
SIGNATURE NO TYPED OB PRINTED NAME OF SIGNING GENE IAL PARTNER Date Daytime Phone #									