

2000, 2001, 2002 & 2003

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000122

1. Entity Name

SHERIDAN MANAGEMENT SERVICES LTD.



FILED

03 MAR 24 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16 N. BEINHAKER

3. Mailing Address

SAME

Suite, Apt. #, etc.

4060 C SHERIDAN ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip 33021

Country USA

Zip

Country

4. FEI Number

61-0372423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Robert M. Kramer

Street Address (P.O. Box Number is Not Acceptable)

10 Kramer & Zuckerman, P.A.

4000 Hollywood Blvd, #485 South

City

Hollywood

FL

Zip Code 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$ 9,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #
NAME BEINHAKER, DEBRA
STREET ADDRESS 4060-C SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E003B (12/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/03

974-987-6200

Date

Daytime Phone #