

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4119

DOCUMENT # A92000000139			
1. Entity Name ELLSBERRY COURT, LTD.			
Principal Place of Business 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441		Mailing Address 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441-4203	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCSWEENEY, ROBERT F. 1233 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____			
9. Capital Contributions as Shown on record \$267,800.00		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 # V57663	NAME MCSWEENEY AND LAMPE, INC.	STREET ADDRESS	
STREET ADDRESS 1233 EAST HILLSBORO BLVD.		CITY - ST - ZIP	
CITY - ST - ZIP DEERFIELD BEACH FL 33441			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

600003217186--4
-04/20/00--01095--024
*****28.75 *****28.75
600003217186--4
-04/20/00--01095--025
*****437.50 *****437.50

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 or required to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert J. McSweeney 3/2/00 954-427-8770

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

CR2E003 (9/99)