2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** A93000000521 1. Entity Name FILED SECRETARY OF STATE TIGEREYE GROUP, LTD. DIVISION OF CORPORATIONS 00 JUN 21 PM 1: 29 Principal Place of Business Mailing Address 5400 HANCOCK RD. 5400 HANCOCK RD. FT. LAUDERDALE FL 33330 FT. LAUDERDALE FL 33330-2508 3. Mailing Address 2. Principal Place of Business 2525 2525 HUNTERS RUN WE HUNTERS RUN WO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0424647 2570~ Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KYLE, JOHN N II Street Address (P.O. Box Number is Not Acceptable) 5400 HANCOCK RD. FT. LAUDERDALE FL 33330 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 loken N. KYCE & 6.0. SIGNATURE typed or printed name of registered about and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$4.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 13. 12. DOCUMENT# STREET ADDRESS NAME KYLE, JOHN N II STREET ADDRESS 5400 HANCOCK ROAD CITY-ST-ZIP FT. LAUDERDALE FL 33330 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS 600003312786--5 NAME -07705700---01054---006 STREET ADDRESS CITY-ST-ZIP ****150.00 ****150.00 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADORESS CITY-ST-ZIP 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)(!), 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 empreced to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MATTER AND TYPED OR PRINTED NAME OF STONING GENERAL PARTNER

4.26,00

646.9451

Daytime Phone #