## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

## DOCUMENT # 4 A93000000790 FILED 1. Entity Name CEA CAPITAL PARTNERS, LTD. 00 AUG - 1 PM 1: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 101 EAST KENNEDY BOULEVARD. SUITE 3300 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA FL 33602-5151 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3199385 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUNG, MING G Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD **SUITE 3300** TAMPA FL 33602 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions \$ 3,60 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$5,400,000.00 SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY 13. 12. 28121 CEA CAPITAL CORP. DOCUMENT# STREET ADDRESS NAME 101 EAST KENNEDY BLVD., SUITE 3300 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 C/TY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-20P CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME 200003327182--4 -07/19/00--01016--005 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*526.25 \*\*\*\*526.25 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 ADDRESS NAME STREET ADDRESS 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)(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