2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300000851 1. Entity Name				
PERI PROCTOR & ASSOCIATES, LTD.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address 2400 N FLORIDA MANGO RD 2400 N FLORIDA MANGO 1 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33				00 MAR 13 AM 11: 07
2. Principal Place of Business 3. Mailing Address 16 30 N.W. 3 St. 16 30 N.W. 3			St.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
DORA P	eld Beach FL	Deen field Bea	(0)	4. FEI Number 65-0425965 Applied For Not Applicable
33 442	Country '	33442	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
REED AND COMPANY, CHARTERED				
399 W. PALMETTO PARK RD., #206			Street Ac	ddress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432				
			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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Capital Contributions as Shown on record. Signature, typed of printed name of registered agent and line it applicable. (NOTE: registered agent and line it applicable.) To Amount of Capital Cor 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 REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment				REGISTERED AND ACTIVE WITH THIS OFFICE.
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY
Document# Name	P93000047970 PROCTOR ENTERPRISES, INC.		STREET ADDRESS	1630 N-W 3 st.
STREET ADDRESS CITY-ST-ZIP	2400 N FLORIDA MANGO RD WEST PALM BEACH FL 33409		CITY-ST-ZIP	Deen field Beach, FL 33442
DOCUMENT#			STREET ADDRESS	
NAME Street Address City - St - Zip			CITY-ST-ZIP	nl3/21/00
DOCUMENT# NAME			STREET ADDRESS	
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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				

Per: Proctor