## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300001446										
MIDWAY COMMERCE CENTER, LTD.							FILED			
Principal Place of Business  500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH FL 33401-6246				Mailing Address 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH FL 33401-6246				01 MAR 15 PM 1: 05  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Addi					ddress ,					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State				City & State				4. FEI Number Applied For St. Applied For Not Applicable		
Zip	Zip Country			Zip Coun				5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
RHODES, PAUL 500 AUSTRALIAN AVE. SO. #110 WEST PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its re						Street Ad	dress (F	ess (P.O. Box Number is Not Acceptable)		
					rogistor		City FL Zip Code			
SIGNATURE .	manico chity	y submits this statement to	i tile pu	ipose or changing its	register	ed office of t	egister	eu agent, or ooth, in the state of Florida.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: f  9. Capital Contributions as Shown on record.  \$546,405.00  10. Amount of Capital in FLORIDA to date					al Contril					
						UST BE R	EGIST	ERED AND ACTIVE WITH THIS OFFICE. I must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION 13.							ADDRESS CHANGES ONLY			
NAME	MIDWAY COMMERCE CENTER, INC.					ET ADDRESS	500 Australian Ave S.#110			
CITY-ST-ZIP	1400 CENTREPARK BLVD., 6TH FLOOR WEST PALM BEACH FL 33401				CITY	-ST-ZiP	West Palu Boach FL 3340/			
DOCUMENT # NAME					STRE	ET ADDRESS		· 1/2		
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14. 1 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date										