2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400000030 1. Entity Name			FILEU
PATCH DEVELOPMENT, LTD.			SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business 5211 S. WASHINGTON AVENUE TITUSVILLE FL 32780 Mailing Address 5211 S. WASHINGTON AVENUE TITUSVILLE FL 32780-7315			00 MAR -6 PM 6: 23
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	<u> </u>	4. FEI Number 59-3213129 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
		Name	
INOCHOVSKY, ROMAN 5211 S. WASHINGTON AVENUE		Street A	Address (P.O. Box Number is Not Acceptable)
TITUSVILLE FL 32780			
		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			
9. Capital Contributions \$200.00	10. Amount of Capital		11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown on record. in FLORIDA to date. 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# J53856 NAME G.E.P., INC.	•	STREET ADDRESS	
STREET ADDRESS ST.T. INC. STREET ADDRESS ST.T. INC. 5211 S. WASHINGTON AVE TITUSVILLE FL. 32780		CITY-ST-ZIP	4000031791144 -03/22/0001014003
DOCUMENT # NAME		STREET ADDRESS	****141.25 ****141.25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	NI
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	74
DOCUMENT # NAME		STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CDY-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			

3-1-00 321-268-5010