2000 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # A9400000109  1. Entity Name  FRASER YACHTS, LTD.					יום '	FILED Mar 03 2000 8:00 am Secretary of State	
Principal Place of Business  2230 SOUTHEAST 17TH STREET  FT. LAUDERDALE FL 33316  Mailing Address  2230 SOUTHEAST 17TH STRE  FT. LAUDERDALE FL 33316-3					0	Secretary	or State
2. Principal P	lace of Business	3. Mailing Address		- 1 1000 011   1010   1011  01011 00111 00111 00111 00111 00111 00111 00111 10111 00110 10111 10111			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State	e	City & State		4. FEI Number	65-0461358	Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	L		Nomo	7. Name and A	ddress of New Register	
WATKINS, RITA 2230 SOUTHEAST 17TH STREET				Name Street Address (P.O. Box Number is Not Acceptable)			
8. The above	named entity submits this statement for	ed 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 as Shown on record.  10. Amount of Capital Contributions 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 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 DOG:BAFNT / 516734						ADDRESS CHANGES	ONLY
DOCUMENT# NAME	DAVID FRASER, INC.			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	2230 SOUTHEAST 17TH STREET FT. LAUDERDALE FL 33316		CITY-	-ST-ZIP	nl3/1	5/00_	
DOCUMENT# NAME	P93000036883 FRASER MANAGEMENT, INC. 2230 SOUTHEAST 17TH STREET FT. LAUDERDALE FL 33316			ET ADDRESS	0		
STREET ADDRESS CITY - ST - ZIP				-ST-ZIP			
DOCUMENT# NAME	,	-	STRE	ET ADDRESS	QC	0000317	25104 -01060-016
STREET ADDRESS CITY - ST - ZIP			CITY-	-ST-ZIP		****141.2	5 ****141.25
DOCUMENT# NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	~•		"CITY"	ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZBP			спу-	-ST-ZIP			
DOCUMENT #	·		STRE	ET ADDRESS	*****		
NAME STREET ADDRESS CITY-ST-ZIP	••		CETY	-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							
SIGNATURE: SIGNATURE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE Date Date Date Date Date Date Date Date							