

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000345

1. Entity Name

TURNSTILE LTD.

FILED

01 MAR 30 AM 9:32

Principal Place of Business

Mailing Address

1000 W. OAKLAND PK BLVD.
WILTON MANORS FL.
33308

SAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1000 C W. OAKLAND PK. BLVD.
Suite, Apt. #, etc.

3. Mailing Address

1000 C W. OAKLAND PK. BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WILTON MANORS, FL.

City & State

WILTON MANORS FL.

4. FEI Number

65-0480493

Applied For

Not Applicable

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TARKOE, CLINTON M.
4840 NE 28 AVE
FT. LAUD. FL. 33308

7. Name and Address of New Registered Agent

Name: ROBERT M SCHOENTHAL
Street Address (P.O. Box Number is Not Acceptable): 1000 C W. OAKLAND PK. BLVD.
City: WILTON MANORS FL Zip Code: 33311

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

Robert M Schoenthal

ROBERT M SCHOENTHAL

3-6-01

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.

\$ 160,000.00

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

DOCUMENT # V57780
NAME TURNSTILE INVESTMENT INC.
STREET ADDRESS 4840 NE 28 AVE
CITY-ST-ZIP FT LAUD. FL. 33308

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1000 C W. OAKLAND PK. BLVD.
CITY-ST-ZIP WILTON MANORS FL. 33311

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 800003995238--9
CITY-ST-ZIP -04/12/01 01116-024
*****535.00 *****535.00

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS
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

SIGNATURE:

Robert M Schoenthal

ROBERT M. SCHOENTHAL

3-6-01

(954) 390-0943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)