2002 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # A9400001567 1. Entity Name								
CAMINO CORPORATE CENTER, LTD.					FILED			
			<u> </u>		02 /	APR 16 AM 9: 1	7	
Principal Place of Business Mailing Address 2500 NORTH MILITARY TRAIL. SUITE 200 2500 NORTH MILITARY TRAIL BOCA RATON FL 33431 BOCA RATON FL 33431			r rail. Su	IITE 200	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 101 Pineapple Grove Way 3. Mailing Address 101 Pineapple Grove Way				e Way				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002			
City & State Delray Beach, FL City & State Delray Beach, I			FL		4. FEI Number	65-0541975	Applied For Not Applicable	
Zip 33444	Country Zip C		Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name				
FRICKE, HENRY A ESQ 2500 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431				Street Address (Fricke, Henry A. Esq. eet Address (P.O. Box Number is Not Acceptable) 101 Pineapple Grove Way			
				City De	lray Beac	_h F	L Zip Code 33444	
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 Henry A. Fricke. Esq. 3/1/02 Signature Lyped or priorect fame of registered agent and title if applicable. DATE								
9. Capital Contributions as Strawn on record. \$10,000.00 in FLORIDA to date.				outions \$10,0	10,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
a v	A ĞENERAL PARTNER TI NOTE: General Partners MA'	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY M he form	IUST BE REGIST i; an amendmen	TERED AND AC it must be filed	CTIVE WITH THIS OFFI I to change a general p	CE. artner.	
12.	GENERAL PARTNER P94000083978	INFORMATION	13.			ADDRESS CHANGES O	NLY	
NAME	CAMINO CENTER, INC.			ET ADDRESS 101	101 Pineapple Grove Way Delray Beach, FL 33444 558			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP De1				
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CITY-ST-ZIP	ortify that the information and the desired	his films alone and account		-ST-ZIP	-11-11-11-11-11-11-11-11-11-11-11-11-11	Classical Office and Control		
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 Camino Center, Inc., a Florida corporation								
SIGNATURE: By: SIGNATURE and Type on PRINTED NAME OF SIGNING GENERAL PARTNER Secretary Date Davigne Phone #								