2000 UNIFORM BUSINESS REPORT (UBR) A95000000185 DOCUMENT # 1. Entity Name FILED PEAK ONE PROPERTIES, LTD. 00 JAN 24 PM 4: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7003 MANDARIN DRIVE 7003 MANDARIN DRIVE **BOCA RATON FL 33433-7411 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0560158 Not Applied Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEAVER, ROBERT W Street Address (P.O. Box Number is Not Acceptable) STONE TOTAL FIRET 7003 MANDARIN DR. BOCA RATON FL 33497 3343 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$4,950.00 10. Amount of Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P95000009626 DOCUMENT # MANDARIN DR. STREET ADDRESS TIMBERLINE, INC. NAME SECULE 75TH STREET 7003 MAHDARINA STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME 700003113117----02/01/00--01057--<u>01</u>3 STREET ADDRESS CDY-ST-7P CITY - ST - ZIP <u>****150.00 ****150.00</u> DOCUMENT# STREET ADDRESS MANA STREFT ADDRESS CDY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 finited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes