2000 UNIFORM BUSINESS REPORT (UBR)

STEPHEN M. SAVAGE FAMILY LIMITED PARTNERSHIP Principal Place of Business 720 MONTRICO DRIVE 80CA RATON FL 33433 80CA RATON FL 33433-8930 2. Principal Place of Business Suite, Apt. #, etc. City & State City &			
Principal Place of Business 7220 MONTRICO DRIVE BOCA RATON FL 33433 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Soprature, typed or printed name or registered spend and the it applicable NOTE: Regelaters Agent separate required required informer registered in Port Registered Note of the Information Step Reverses Side For Ret 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.			
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name SAVAGE, STEPHEN M 7220 MONTRICO DRIVE BOCA RATON FL 33433 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, hyped or printed name of registered agent and title if applicable. (NOTE: Regettered Agent signature required when reinstating) DATE Signature, hyped or printed name of registered agent and title if applicable. 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 filled to change a general partner.]]		
City & State City & State City & State City & State 4. FEI Number 52-1915339 Applied For Not Applicational Fee Required S. Certificate of Status Desired Status Desired Status Desired Fee Required 6. Name and Address of Current Registered Agent Name SAVAGE, STEPHEN M 7220 MONTRICO DRIVE BOCA RATON FL 33433 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 as Shown on record. 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.	j i li		
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12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY			
DOCUMENT #	\dashv		
NAME SAVAGE, STEPHEN M STREET ADDRESS 7220 MONTRICO DRIVE CITY - ST- ZIP BOCA RATON FL 33433	9000032417991		
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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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayline Prone #	ib of [