

2200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000767

1. Entity Name
FLORIDA TROPIC, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:24

Principal Place of Business
C/O ROBERT A. EISEN, ESQ.
433 PLAZA REAL, SUITE 275
BOCA RATON FL 33432

Mailing Address
P.O. BOX 812605
BOCA RATON FL 33481-2605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0592487		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State				

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRICKE, HENRY A ESQ. 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000038429 TROPIC LAND MANAGEMENT, INC. 433 PLAZA REAL, SUITE 275 BOCA RATON FL 33432	STREET ADDRESS CITY - ST - ZIP	400003147934--4 -02/25/00--01079--006 ****158.75 ****158.75 ny 2/23/00
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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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* REQUIRED 2/1/00 (561)997-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
L. K. Mount, President Date Daytime Phone #

Tropic Land Management, Inc.

CR2E003 (9/99)