

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001844			
1. Entity Name W-HILL, LTD.			
Principal Place of Business 5310 N.W. 33RD AVE., STE. 219 FT. LAUDERDALE FL 33309		Mailing Address 5310 N.W. 33RD AVE., STE. 219 FT. LAUDERDALE FL 33309-6300	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:54



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0640587				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
BARBER, KENNETH T 5310 N.W. 33RD AVE., STE. 219 FT. LAUDERDALE FL 33309			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. **\$99.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000007037 TRION VENTURES VII, INC. 5310 N.W. 33RD AVENUE, STE. 219 FT. LAUDERDALE FL 33309	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	

300003128103-0
-02/08/00-01120-003
***141.25 ***141.25

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** _____ Date **1-27-2000** Daytime Phone # **954-331-0636**