2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

DOCU		7 10000							رد در دو ود مد			523 AF
R&CP/	artners, i	.TD. /	leas	le chan	ge o	addl	USD	, FIL	.ED			
Principal Place of Business  319 CLAY ST.  WOODSTOCK IL 60099 PO Box 510169 Key Colony Beach, FL 33051— Old9  Enterprincipal Place of Business  Mailing Address  318 CLAY ST.  WOODSTOCK IL 60098 PO Box 510169 Key Colony Beach, FL 330				<del></del>			01 JUN -4 PM 12: 21 SECRETARY OF STATE TALLAH SSEE CHOOSE					
Suite, Apt. #, etc. Suite, Apt. #, etc.			•			DO NOT WRITE IN THIS SPACE						
City & Stat	e		City	City & State			4. FEI Number 65-0657537 Applied For Not Applicat					
Zip		Country	Zip		Coun	try		5. Certificate o	f Status Desired		3.75 Additional e Required	
		and Address of Currer		od Agent		_Name_		7. Name and	Address of New Re	gistered Age	ent T	
SCIARRETTA, STEVEN A ESQUIRE 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431				<del></del>		dress (I	P.O. Box Number	is Not Acceptable)				
					City				FL	Zip Code		
8. The above	named entit	y submits this statement	for the purp	ose of changing it	s registere	ed office or i	register	ed agent, or both	, in the State of Flori			
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	sicable. (NO	TE: Registere	d Agent signatur	re required	when reinstating)		DATE		
9. Capital Co as Shown	on record.	\$850,000.00		Amount of Cap     in FLORIDA to	date.	77		0,	1	E SIDE FOR I	DEPT. OF STATE	
¥F== <del>4</del>	NOTE	GENERAL PARTNER : General Partners N	IAY NOT E	e changed on	ihe form	; an amer	ndmen	t must be filed	to change a gen	ierai partni	er.	
12.					13.	EET ADDRESS		o Par	ADDRESS CHAM			<del>-</del> [8
	THOMPSON, RICHARD L REET ADDRESS 501 EAST OCEAN DRIVE					-ST-ZIP	KE		510169 CONY B		I.FL,	CR2E003 (11/00)
DOCUMENT #			<u></u>		STRE	ET ADDINESS	, ,		51-0169			CR28
NAME STREET ADDRESS CITY-ST-ZIP	501 EAST	IN, CHARLOTTE H OCEAN DRIVE DNY BEACH FL 33051	l		СПҮ	-ST-ZIP	Po	BOX	51016	9		
DOCUMENT # NAME		a est amen	· · ·		STRE	EET ADDRESS	KI	EY CO	51016 CONY B 1-0169	EACH	FLI	
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		33051	1-0169			
DOCUMENT / NAME					STRE	EET ADDRESS						_
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP		80	000 <b>044</b> -06/14/	154	686 43004	3
DOCUMENT # NAME STREET ADDRESS						EET ADDRESS '-St-Zip			****14	1.25 *	***141.25	
CITY-ST-ZIP						EET ADDRESS					<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		<del>- 11 - 11</del>		· · · · · · · · · · · · · · · · · · ·	·	
	ertify that the on this repo	e information supplied w rt is true and accurate ar	ith this filing	does not qualify f	or the exe	emption state	ed in Se	ection 119.07(3)(i) nade under oath;	, Florida Statutes. I f that I am a General	further certify Partner of the	that the information	ip or

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER