

2002 UNIFORM BUSINESS REPORT (UBR)

0011283 AT

DOCUMENT #	A96000000609
1. Entity Name	
AKERS AWAY, LTD.	

FILED
May 08, 2002 8:00 A.M
Secretary of State

Principal Place of Business	Mailing Address
10440 GOLDEN EAGLE CT PLANTATION FL 33324	10440 GOLDEN EAGLE CT PLANTATION FL 33324

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number	Applied For
65-0645633	Not Applicable

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
STAIR, DARYL L 10440 GOLDEN EAGLE CT PLANTATION FL 33324

7. Name and 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	DATE
Signature, typed or printed name of registered agent and title if applicable.	

9. Capital Contributions as Shown on record.	\$465,300.00	10. Amount of Capital Contributions in FLORIDA to date.	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
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	DATE	Daytime Phone #
DAVID L. SCOTT	4/30/2002	954-452-0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (9/01)