

2001 UNIFORM BUSINESS REPORT (UBR)

0009198 AF

DOCUMENT # A96000001001

1. Entity Name

O.T.B. LIMITED PARTNERSHIP

FILED
01 APR 30 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2600 FIORE WAY. BLDG 9 #101
DELRAY BEACH FL 33445

Mailing Address
2600 FIORE WAY. BLDG 9 #101
DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0667577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F.S.A. CONCEPTS, INC.
2600 FIORE WAY, BLDG 9 #101
DELRAY BEACH FL 33445

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

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

(NOT Registered Agent's signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$891,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 891,000

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 # **P95000047721**
 NAME **F.S.A. CONCEPTS, INC.**
 STREET ADDRESS **2600 FIORE WAY BLDG #9 STE 101**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
DAVID LERNER

4-25-01

Date

Daytime Phone #

CR2E003 (11/00)