2002	UNIFORM BUS	INESS REPO	RT (UBR)	
DOCUMENT # A9600001042  1. Entity Name  ARENA DEVELOPMENT COMPANY, LTD.			S nul	EILED STATE ECRETARY OF STATE SION OF CORPORATIONS
Principal Place	e of Business	Mailing Address	, v. , 02	MAY -2 PM 2: 17
501 E. CAMIN CORPORATE BOCA RATON	OFFICE	P.O. BOX 5025  CORPORATE OFFICE  BOGA RATON FL 33431		
	lace of Business  ANTIER PARKWay  #, etc.	3. Mailing Address  ONE PANTHE  Suite, Apt. #, etc.	R PARKLIA	
City & State		City & State ,	<u> </u>	4. FEI Number 65-0683997 Applied For Not Applied For
SUNT 33 <b>2</b> 2	3 Country	33323	Country: U J -	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
-AMERICA	N INFORMATION SERVICES, INC.		Name	Tram lutty
ONE S.E. THIRD AVENUE, 27TH FLOOR			Street Add	ress (P.O. Box Number is Not Acceptable)
- <del>MIAMI FL</del>	33131		City	PERCHATNER HOLLWOY  SUNVISC FL 2033323
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or re	gistered agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed negret of project egent	and title if applicable.		4.30.02
9. Capital Co		10. Amount of Capita		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
as Showin	A GENERAL PARTNER 1	THAT IS A BUSINESS EN	TITY MUST BE RE	GISTERED AND ACTIVE WITH THIS OFFICE.
12.	NOTE: General Partners MA GENERAL PARTNER		e form; an amen	dment must be filed to change a general partner.  ADDRESS CHANGES ONLY
DOCUMENT # NAME	P96000035493 ARENA DEVELOPMENT COMPANY, INC.		STREET ADDRESS	One Ponther Portual
STREET ADORESS CITY-ST-ZIP	<del>-501 E. CAMINO R</del> EAL BOCA RATON FL <del>394</del> 32		CITY-ST-ZIP	Sunrise, FL 33323
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT /			STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	8000055765483 -05/21/0201032025 ****150.00 ****150.00
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CITY_ST-ZIP DOCUMENT #			STREET ADDRESS	
7			STREET ADDRESS  CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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 faport as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_

SIGNAU VVV REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Da

Daytime Phone #