

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001150

1. Entity Name

BLY PARTNERS LTD.

Principal Place of Business

% HARVEY L. YOUNG

~~1581 BRICKELL AVE SUITE T201~~
~~MIAMI FL 33129~~

Mailing Address

% HARVEY L. YOUNG

~~1581 BRICKELL AVE SUITE T201~~
~~MIAMI FL 33129~~

2. Principal Place of Business

19955 NE 38 CT

Suite, Apt. #, etc.

3002

City & State

HAVENTURA FL

Zip 33180

Country USA

3. Mailing Address

19955 NE 38 CT

Suite, Apt. #, etc.

3002

City & State

HAVENTURA FL

Zip 33180

Country USA

4. FEI Number

65-0188124

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, HARVEY L.

~~1581 BRICKELL AVE SUITE T201~~
~~MIAMI FL 33129~~

19955 NE 38 CT
SUITE 3002
HAVENTURA, FL 33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$3,000,000.00

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

DOCUMENT # 196000047814
NAME BLY CORP.
STREET ADDRESS 1581 BRICKELL AVE, SUITE T201
CITY-ST-ZIP MIAMI FL 33129

DOCUMENT #
NAME HARVEY L. YOUNG
STREET ADDRESS 19955 NE 38 CT
CITY-ST-ZIP HAVENTURA FL 33180

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAY 25 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4/10/01 305 932 2026