## LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 FFR -4 PM 3:42

DOCUMENT # A 9600001223 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA xbridge, LTD DO NOT WRITE IN THIS SPACE 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 60 Are Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1 253 Applied For SUNCISE 4. FEI Number Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ . 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) : IN THIS SPACE 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 MAKE PHECK PAYABLE TO DEPT. OF STATE! 9. Capital Contributions 3 10. Amount of Capital Contributions 68, 164.00 in FLORIDA to date. SELEREVERSE SIDE FOR FEE INFORMATION as Shown on record. 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 ( William H STREET ADDRESS Danzia waanaanaaya NAME 3/02<del>-1</del>01002-1003 STREET ADDRESS 3074 CITY-ST-7/P We sto iv DOCUMENT # NAME STREET ADDRESS CITY, ST. ZP+, CITY-ST-ZIP a programme and the second STREET ADDRESS DOCUMENT # NAME Figure 1 DO NOT WRITE STREET ADDRESS CITY-ST-ZIP P CITY-ST-ZIP DOCUMENT : NAME STREET ADDRESS CITY ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP e tradicale rigo de la comercia de la co DOCUMENT # STREET ADDRESS CLASS STATES NAME o y marties of the word "adjusted of the art and the public delayed by the The first to be against an orbit and the last and the articles and the second by STREET ADDRESS CITY-ST-JIP

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 report as required by Chapter 620, Florida Statutes DAN216

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