

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # A96000001392****1. Entity Name**  
**FIRST TEAM PREMIER, LTD.****Principal Place of Business**

350 S. LAKE DESTINY DRIVE, SUITE 200

ORLANDO  
32801

FL

**Mailing Address**

110 SE SIXTH STREET

20TH FLOOR

FT LAUDERDALE  
33301

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3392621**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

**7. Name and Address of New Registered Agent**

Name

ROLLIN KENNETH B

Street Address (P.O. Box Number is Not Acceptable)

110 SE 6TH STREET

20TH FLOOR

City  
FORT LAUDERDALE

FL

Zip Code  
33301**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 KENNETH B. ROLLIN****05/01/2001**

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. 100,000.00

**10. Amount of Capital Contributions**

in FLORIDA to date. 100,000.00

**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 #**  
**NAME** FIRST TEAM MANAGEMENT, INC.  
**STREET ADDRESS** 110 SE SIXTH STREET, 20TH FLOOR  
**CITY-ST-ZIP** FT LAUDERDALE FL 33301**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: JONATHAN P. FERRANDO**

V

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)