

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001430

1. Entity Name

DELL PARTNERSHIP, LTD.

FILED

00 MAR 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1535 S.W. 151ST AVENUE PEMBROKE PINES FL 33027	Mailing Address 1535 S.W. 151ST AVENUE PEMBROKE PINES FL 33027-2372
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2174539	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPELL, KAREN R ESQUIRE 4981 S.W. 122ND TERRACE COOPER CITY FL 33330
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	NEEDELL, MERVIN H 1535 S.W. 151ST AVENUE PEMBROKE PINES FL 33027	STREET ADDRESS CITY - ST - ZIP	488883202954 4 -04/11/00--01043--004 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	NEEDELL, ELAINE F 1535 S.W. 151ST AVENUE PEMBROKE PINES FL 33027	STREET ADDRESS CITY - ST - ZIP	
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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: ELAINE F. NEEDELL 20 March 2000 954-436-6866
ELAINE F. NEEDELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)