

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010823 AF

<b>DOCUMENT #</b>	<b>A96000001439</b>
<b>1. Entity Name</b>	
CBG BIOTECH, LTD.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
7022 GREEN TREE DRIVE NAPLES FL 34108	7022 GREEN TREE DRIVE NAPLES FL 34108

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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**FILED**  
FEB 23 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>	
BURKE, WILLIAM M ESQ. C/O BOND, SCHOENECK & KING, P.A. 1167 THIRD STREET SOUTH, SUITE 107 NAPLES FL 33940	

<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b>	<b>\$1,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>No - 0 - CHANGE</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	P95000050031	STREET ADDRESS	
NAME	CBG BIOTECH INC.	CITY-ST-ZIP	
STREET ADDRESS	7022 GREEN TREE DRIVE		
CITY-ST-ZIP	NAPLES FL 34108		
DOCUMENT #		STREET ADDRESS	8000003784158-4
NAME		CITY-ST-ZIP	-02/27/01--01152--001
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Gerald W. Camiener Gen Partner 2/12/01 941-514-1148  
for CBG Biotech, Inc.  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)