

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001799

1. Entity Name

SARDONYX ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

825 SANTA BARBARA BLVD.
CAPE CORAL FL 33991

Mailing Address

PO BOX 10805
PITTSBURGH PA 15236-0805

2. Principal Place of Business

3. Mailing Address

311 Castle Shannon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

Zip

Country

15234

USA

4. FEI Number

65-0700170

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901

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.

\$250,500.00

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 # F96000004992
NAME PERIDOT ENTERPRISES, INC.
STREET ADDRESS 257 MERION DRIVE
CITY - ST - ZIP PITTSBURGH PA 15228

13. ADDRESS CHANGES ONLY

STREET ADDRESS

311 Castle Shannon Blvd

CITY - ST - ZIP

Pittsburgh, PA 15234

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

4/27/00

412-341-4500

Date

Daytime Phone #

C-72E003 (9/99)