## **2000 UNIFORM BUSINESS REPORT (UBR)**

| FILED OO JAN 31 PH 1: 12  PRIENDS OF MARK, LTD.  PRIENDS OF MARK, LTD.  OO JAN 31 PH 1: 12  SOO NORTH POWERLINE ROAD FI. LAUDRROALE FL. 33309  SOO NORTH POWERLINE ROAD FI. LAUDRROALE FL. 33309  City & State  City & State  City & State  City & State  SECELANN, MARK SOON OF The Powerline ROAD FI. LAUDRROALE FL. 33309  City & State  City &     |   |   |   |             |   |   |  |
|--|---|---|---|-------------|---|---|--|
| PRIENDS OF MARK, LTD.  OU JAN 31 PM 1: 12  Principal Place of Business SSO NORTH POWERLINE ROAD FT. LAUDERDALE FL SSO39  Z. Principal Place of Business Suite, Agel #, etc.  City & State City & State City & State Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE  SB. To Address of Current Registered Agent Namo BEGELMAN, MARK SSO30 NORTH POWERLINE ROAD FT. LAUDERDALE FL SSO399  City FL Zip Code  8. The above named exists suitains in this statement for the purpose of changing has registered different registered agent. or both, in the State of Portical SCONNOTHER POWERLINE ROAD FT. LAUDERDALE FL SSO399  The Address of Current Registered Agent Namo SSO30 NORTH POWERLINE ROAD FT. LAUDERDALE FL SSO399  The Address of Current Registered Agent Namo SCONNOTH POWERLINE ROAD FT. LAUDERDALE FL SSO399  The Address of Current Registered Agent Namo SCONNOTH POWERLINE ROAD FT. LAUDERDALE FL SSO399  The Address of Current Registered Agent North Connected College of      |   |   |   |             |   | FII FN  |  |
| Principal Place of Business S000 NORTH POWERLINE ROAD FT. LADDERDALE Ft. S0009  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  St. Certificate of Status Decirate Control Power Registered Agent  Name  BEGELMAN, MARN S000 NORTH POWERLINE ROAD FT. LADDERDALE Ft. S0009  Cty  FL  Zip Code  Cty  FL  Zip Code  The Address of Current Registered Agent  Name  Cty  Cty  FL  Zip Code  The Address of New Registered Agent  Name  Street Abdress (PO-85/Nortes) Power Address (PO-85/Nortes)      | FRIENDS OF MARK, LTD.   |   |   |             |   | ,   |  |
| Soon April + OWERIALE ROLD FT. LAUDERDALE Pt. 33309  City & State  Cit     |   |   |   |             |   | OC 344 21 54 1: 15.   |  |
| Source Notes (1997)  2. Principal Place of Business  Suite, April 4, etc.  Suite, April      | , ,   |   |   |             | •   | SECRETARY OF STATE  |  |
| 2. Principal Place of Business   | ****  |   |   |             |   | IALLAHASSEE, FLORIDA  |  |
| Suite, Apt. #, etc.  City & State  City & St     | 2.002.10  | :   |   |             |   |   |  |
| Suite, Apt. #, etc.  City & State  City & St     |   | ·:  |   |             |   |   |  |
| City & State  Country  Country  Country  S. Conflictate of Status Desired  Real Registered Agent  7. Name and Address of New Registered Agent  Name  BEGELMAN, MARK  SIGNATURE  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Profids  SIGNATURE  City  FL  Zip Code  City  FL  Zip Code  The Address of New Registered Agent  OUTLE Concert Status  Signature  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND Extreme age general partner.  A CENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND age general partner.  A CENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  STRETADORSS  CITY 51-2P  COUNCRIT  NAME  CITY 51-2P  COUNCRIT  NAME  STRETADORSS  CITY 51-2P  CITY      | Principal Place of Business     3. Mailing Address  |   |   |             |   | ]   |  |
| Zp Country Zip Country 5. Certificate of Status Desired \$8.75 Auditional Face Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  BEGELMAN, MARK  BEGELMAN, MARK  Silvert Address (P.O. 86x Namber 16 Not Acceptable)  Cay 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 Portods  SIGNATURE  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions os Shown on record.  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions os Shown on record.  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions os Shown on record.  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions on Prof. Capital Contributions on Prof. Capital Contributions on Prof. Capital Contributions on Prof. Capital Contributions (Prof. Registered Agent No. Active With 11th 18 Softer Address Shown on record.  12. Capital Contributions (P.O. Registered Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Only Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown No. Active With 11th 18 Softer Address | Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |   |             |   | DO NOT WRITE IN THIS SPACE  |  |
| Zp Country Zip Country 5. Certificate of Status Desired \$8.75 Auditional Face Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  BEGELMAN, MARK  BEGELMAN, MARK  Silvert Address (P.O. 86x Namber 16 Not Acceptable)  Cay 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 Portods  SIGNATURE  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions os Shown on record.  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions os Shown on record.  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions os Shown on record.  9. Capital Contributions \$250,000.00 10, Anount of Capital Contributions on Prof. Capital Contributions on Prof. Capital Contributions on Prof. Capital Contributions on Prof. Capital Contributions (Prof. Registered Agent No. Active With 11th 18 Softer Address Shown on record.  12. Capital Contributions (P.O. Registered Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Only Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown on Record Agent No. Active With 11th 18 Softer Address Shown No. Active With 11th 18 Softer Address |   |   |   |             |   |   |  |
| S. Carrificate of Status Desired S. S. As 7.5 Additional Five Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  BEGELMAN, MARK  \$300 NORTH POWERLINE ROAD  FT. LAUDERDALE FL 33309  City FL Zip Code  8. The above named childy submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida  SIGNATURE  SUBMATURE  SUBMATURE  SUBMATURE  SUBMATURE  SUBMATURE  SUBMATURE  SUBMATURE  SUBMATURE  A GENERAL PARTHER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE MINISTER INFORMATION  12. GENERAL PARTHER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE MINISTER INFORMATION  12. GENERAL PARTHER INFORMATION  13. ADDRESS CHANGES ONLY  SUBMATURE  SUBMATU    | City & State City & State   |   |   |             |   | 65-0717108  |  |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  BEGELMAN, MARK \$300 NORTH POWERLINE ROAD FT. LAUDERDALE FL 33309  City FL Zip Code  8. The above named chilly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE 9. Capital Contributions as Shown on record.  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: STATE ADDRESS  OCCUMENT  NAME  STREET ADDRESS  OCTY-ST-2P  OCCUMENT  NAME  STREET ADDRESS  OCTY-ST-2P  OCCUMENT  NAME  STREET ADDRESS  OCTY-ST-2P  OCCUMENT  STREET ADDRESS  OCTY-ST-2P  OCCUMENT  NAME  STREET ADDRESS  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCCUMENT  NAME  STREET ADDRESS  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCCUMENT  OCTY-ST-2P  OCT    | Zip Country   |   | Zip Count   |             | ry  | 5 Certificate of Status Desired   \$8.75 Additional   |  |
| BEGELMAN, MARK \$300 NORTH POWERUNE ROAD FT. LAUDERDALE FL 33309  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 Provide.  SIGNATURE 9. Capital Contributions as Shown on record. NOTE: General Partiner THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filed to change a general partiner.  12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filed to change a general partiner.  12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  DOUMBRIT NWE STREET AUDRESS CITY-ST-2P FT. LAUDERDALE FL 33309  GTY-ST-2P  DOUMBRIT NAME STREET AUDRESS CITY-ST-2P  DOUBBRIT    |   |   |   |             | _   | Fee Required  |  |
| Signature  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  9. Captal Contributions  as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERD AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partners.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  SIRESTADORESS  GITY-ST-2P  DODUMENT / NAME  SIRESTA     | -   | o. Name and Address of Current  | negistered Agent  |             | Name  | 7. Name and Address of New Registered Agent   |  |
| S300 NORTH POWERLINE ROAD FT. LAUDERDALE FL 33309  City FL Zip Code  8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE Surveys, tipod of private roam of impliested agent and the flagiciable.  (NOTE hequised Agent square registered agent, or both, in the State of Florida.  A GENERAL PARTHER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOUMENT / NAME STREET ADDRESS  CITY-ST-2P  DOUMENT / ST-2P  DOUMENT / NAME STREET ADDRESS  CITY-ST-2P  DOUMENT / ST-2P  DOUMENT / STREET ADDRESS  CITY-ST-2P  DOUMENT / STREET     | BEGELMAN, MARK  |   |   |             | Street Address (                            | PO Box Number is Not Acceptable   |  |
| 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  Growths speak and stirl agents and stirl applicable.  (ROTE Registered Agent signature requires when receiting)  DATE  9. Capital Contributions  \$250,000.00  10. Amount of Capital Contributions  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT INVALVE STORM SOON ORTH POWERLINE ROAD FT. LAUDERDALE FL 33309  FT. LAUDERDALE FL 33309  STREET ADDRESS  OTTY-ST-2P  DOCUMENT ANDRESS  OTTY-ST-2P  DOCUMENT ADDRESS  OTTY-ST-2P  DOCUMENT ADDRESS  OTTY-ST-2P  DOCUMENT ADDRESS  OTTY-ST-2P  DOCUMENT ADDRESS  OTTY-ST-2P  STREET ADDRESS  OTTY-ST-2P  STREET ADDRESS  OTTY-ST-2P  STREET ADDRESS  OTTY-ST-2P  DOCUMENT ADDRESS  OTTY-ST-2P  DOCUMEN    |   |   |   | Ļ           |   |   |  |
| 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 Plorida.  SIGNATURE  9. Capital Contributions 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOUMENT / INME  BEGELMAN, MAPK SOON NORTH POWERLINE ROAD FT. LAUDERDALE Ft. 33309  CITY-ST-2P  DOUMENT / NAME SITIET ADDRESS CITY-ST-2P  DOUMENT / NAME SITIET ADDRESS CITY-ST-2P  DOUMENT / STREET ADDRESS CITY-ST-2P  CITY-ST-2P  DOUMENT / STREET ADDRESS CITY-ST-2P  CITY-ST-2P  DOUMENT / STREET ADDRESS CITY-ST-2P  CIT     | FT. LAUDERDALE FL 33309   |   |   | ļ           | _   |   |  |
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| 9. Capital Contributions \$250,000.00 10. Amount of Capital Contributions in FLORIDA to date.  **RETERIOR STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  **DOCUMENT** IN THE CAPITAL STATE STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  **DOCUMENT** IN THE CAPITAL STATE STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** **DOCUMENT** IN THE CAPITAL STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** **DOCUMENT** IN THE CAPITAL STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** **DOCUMENT** IN THE CAPITAL STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** **DOCUMENT** IN THE CAPITAL STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** **DOCUMENT** IN THE CAPITAL STATE SECRETARY AND ACTIVE WITH THIS OFFICE.** **DOCUMENT** IN THE CAPITAL SECRETARY AND ACTIVE WITH THIS OFFICE.** **DOCUMENT** IN THIS OFFI SECRETARY AND ACTIVE WITH THIS OFFI SECRETARY AND ACTIVE    | 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. |   |   |             |   |   |  |
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| BEGELMAN, MARK SITRET ADDRESS CITY-ST-ZP TOCUMENT / NAME SITRET ADDRESS      | 12.   |   |   | _           |   |   |  |
| NAME STREET ADDRESS CITY-ST-ZIP COLUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-S     | DOCUMENT #  | DECEMBER MADIC  |   | STREE       | T ADDRESS                                   |   |  |
| CITY-ST-ZP  CITY-S     |   | 5300 NORTH POWERLINE ROAD   |   |             |   |   |  |
| DOCUMENT / NAME STREET ADDRESS CITY - ST - ZP   |   |   |   | CITY-ST-ZIP |   |   |  |
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| CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  The prepty certify that the information supplied with this filling close not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information   |   | ,   |   |             |   |   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  |   |   |   | CITY-       | ST-ZIP                                      |   |  |
| STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  TABLE   STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  14.   Legreby 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   | DOCUMENT#   |   |   | STREE       | TADORESS                                    |   |  |
| CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS  CITY-ST-ZIP  TAA. 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  |   |   |   |             |   |   |  |
| 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  Therefore 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   |   |   |   | CITY        | ST:ZIP                                      |   |  |
| STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # DOCUMENT # STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  14. It percently 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   |   |   |   | STREE       | T ADDRESS                                   |   |  |
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| STREET ADDRESS  CITY - ST - ZIP  DOCUMENT # NAME  STREET ADDRESS  CITY - ST - ZIP  DOCUMENT # NAME  STREET ADDRESS  CITY - ST - ZIP  CITY - ST - ZIP  CITY - ST - ZIP  14. It perely 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  |   |   |   | CITY-       | ST-ZIP                                      |   |  |
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| CITY-ST-ZIP  DOCUMENT #  NAME  \$TREET ADDRESS  CITY-ST-ZIP  To reply 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   |   |   |   |             |   |   |  |
| NAME  STREET ADDRESS  CITY-ST-ZIP  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  |   |   |   | CITY-       | ST-ZIP                                      |   |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  14. Libereby 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  |   |   |   | STREE       | T ADDRESS                                   |   |  |
| CITY-SI-ZIP  14. Libereby 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   |   |   |   |             | ļ   | -   |  |
| 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 training signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership.   | CITY-ST-ZIP   |   |   | <u> </u>    |   |   |  |
|  | 14. I hereby of indicated   | certify that the information supplied with<br>on this report is true and accurate and | this filing does not qualify for the that my signature shall have the | he exen     | nption stated in Se<br>legal effect as if m | ection 119.07(3)(i), Florida Statutes. I further certify that the information<br>nade under oath; that I am a General Partner of the limited partnership. |  |