

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000607

1. Entity Name

ALLEN LIMITED PARTNERSHIP

Principal Place of Business

9541 FOX TROT LANE
BOCA RATON FL 33496

Mailing Address

9541 FOX TROT LANE
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 JAN 29 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0735498

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ALLEN, STEVE

9541 FOX TROT LANE
BOCA RATON FL 33496

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.

DATE

9. Capital Contributions
as Shown on record:

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A
NOTE: General Partners MAY NOT be

ERED AND ACTIVE WITH THIS OFFICE.
must be filed to change a general partner.

ADDRESS CHANGES ONLY

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000020844
NAME MEGALODON, INC.
STREET ADDRESS 10180 CAMINO DEL DIOS
CITY-ST-ZIP DELRAY BEACH FL 33446

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/02 561-638-8622
Daytime Phone #