2002	2 UNIFO	RM BUSIN	ESS REPO	RT	(UBF	₹)				
DOCU 1. Entity Nan	MENT #	A970000	00001010							
NOVUS REAL ESTATE BROKERS, LTD.										
Principal Place of Business Mailing Address						FILED				
511 BAY STE TAMPA FL 33	REET, SUITE 309 3606		511 BAY STREET. SUITE 309 TAMPA FL 33606				O2 APR 16 PM 3: 46 SECRETARY OF STATE THE PROPERTY OF STATE			
2. Principal F	Place of Business	3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State			City & State				4. FEI Number 59-3447947 Applied For Not Applicable			
Zip	p Country		Zip	Country			5. Certificate of Status Desired			
	6. Name and A	ddress of Current Regi	stered Agent		Name		7. Name and	Address of New	Registered A	gent
TARKOW, STANLEY A 4011 PRIORY CIRCLE TAMPA FL-33624					Street Address (P.O. Box Number is Not Acceptable) 40 # 512 City Tando FL Zip 3629					
8. The above named entity submits this statement for the purpose of changing its results of the purpose of changing its results. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to date.						registere	ed agent, or both	11. MAKE CH	OATE ECK PAYABLE	TO DEPT. OF STATE
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo						REGIST	ERED AND A	CTIVE WITH T	HIS OFFICE	FEE INFORMATION
12. GENERAL PARTNER INFORMATION									HANGES ONLY	
DOCUMENT # NAME	NAME TARKOW, STANLEY A			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 3360		C		ST-ZIP	r-ZIP				
DOCUMENT # NAME STREET ADDRESS				STREE	T ADDRESS		· · · · · · ·	,	The second second	g
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-	ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CVD. CT. 21D				STREE	T ADDRESS ST-ZIP	600005313626 7 -04/22/0201074014 ****141.25 ****141.25				
DOCUMENT #		•		STREE	T ADDRESS			未来来来	141.25	****141.25
NAME STREET ADDRESS CITY-ST _E ZIP				CITY-S	ST-ZIP					
DOCUMENT / NAME		, , , , , , ,		STREE	T ADDRESS					
STREET AODRESS CITY-ST-ZIP				CITY-S	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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

STANCES D. TARKED 1/4/02