

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001024**

1. Entity Name

CREATIVE TRUST LIMITED PARTNERSHIP

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401-2328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2955670		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
9. Capital Contributions as Shown on record. \$307,141.00		10. Amount of Capital Contributions in FLORIDA to date. 307,141.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F82946 CREATIVE TRUST, INC. 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401	STREET ADDRESS	
		CITY - ST - ZIP	
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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

CREATIVE TRUST, INC.

SIGNATURE: BY **Signatures REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/10/00 561/686-2000

Date Daytime Phone #

CR2E003 (9/99)