## 2000 UNIFORM BUSINESS REPORT (UBR)

## A97000001094 **DOCUMENT #** FILED 1. Entity Name PADGET-DEKKER HOLDINGS, LTD. 00 FEB 11 PM 3: 54 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA % ROBERT F. HUDSON, JR. % ROBERT F. HUDSON, JR. 1200 BRICKELL AVENUE, 19TH FL. 1200 BRICKELL AVENUE, 19TH FL. MIAMI FL 33131-3214 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0800620 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUDSON, ROBERT F JR. Street Address (P.O. Box Number is Not Acceptable) -701 BRICKELL AVENUE SUITE 1600 1200 Brickell Avenue MIAMI FL 33131 19th Floor Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,500,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in ELORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P97000032483 DOCHMENT# STREET ADDRESS PADGET-DEKKER HOLDINGS, INC. MARKE **611 FRANCES STREET** STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP 600003150056 DOCUMENT# STREET ADDRESS -02/28/00--01136--001 NAME \*\*\*\*526.-25~ STREET ADDRESS CITY-ST-ZIP CITY-ST-789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 (40), Florida Statutes.