APPROVEL

## 2002 UNIFORM BUSINESS REPORT (UBR)

A97000001436 DOCUMENT # 1. Entity Name 02 MAY 29 PM 12: 06 SY-KLONE INTERNATIONAL, LIMITED SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 444 THIRD STREET 444 THIRD STREET NEPTURNE BEACH FL 32266 **NEPTURNE BEACH FL 32266** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3492344 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOULD, STEPHEN A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 444\_THIRD.STREET-**NEPTURNE BEACH FL 32266** City 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. 9. Capital Contributions 10. Amount of Capital Contributions \$400,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT A J35101 6593-17 Powers Avenue STREET ADDRESS NAME THE SY-KLONE COMPANY -0541-1-POWERS-AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP DOCUMENT # -05/07/02--01044--016 STREET ADDRESS NAME \*\*\*\*\*\*97 50 \*\*\*\*\*97 50 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> 200000572575</u>2 DOCUMENT # -06/07/02--01044--017 STREET ADDRESS NAME" \*\*\*\*437~50~~\*\*\*\*437,50. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 1 STREET ADDRESS NAME STREET ADDRÉSS CITY-ST-7/P CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZH 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 indigated 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER