2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700001553 1. Entity Name				SEORE	FILED TARY OF STATES OF CURPORATIONS
OABC, L	TD.			DIVISIBA	OF CORPORATIONS
-	e of Business EWPORT CENTER DRIVE. SUITE 209 EACH FL 33442	Mailing Address 1400 EAST NEWPORT CEN DEERFIELD BEACH FL 334		OO APR	28 PM 6: 32
2. Principal Place of Business 1350 E. Newport Center 3. Mailing Address PO BOX 4219					
Suite 206		Suite, Apt. #, etc.			Applied For
	eld Beach, FL	Deerfield Be		4. FEI Number 65-076908	Not Applicable
Zip 33442	Country USA 6. Name and Address of Current	33442-4219	Country USA	Certificate of Status Desired Name and Address of New	ree Hequired
	6. Name and Address of Current	negistered Agent	Name	7. Hame and Address of New	I togratered Agent
•	es r esq. Rman, senterfitt & Eidson, p.;	A .	Street Address	Street Address (P.O. Box Number is Not Acceptable)	
777 SOUTH FLAGLER DR., EAST TOWER, STE.209					100
WEST PALM BEACH FL 33401			City	·	FL Zip Code
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of F	lorida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	TTY MUST BE REGIS e form; an amendme	STERED AND ACTIVE WITH The nt must be filed to change a	HIS OFFICE. general partner.
12.	GENERAL PARTNEF	INFORMATION	13.	ADDRESS C	HANGES ONLY
DOCUMENT# NAME	1 TOAB, INC. 1400 EAST NEWPORT CENTER DRIVE, SUITE 209		STREET ADDRESS	1350 E. Newport	Center Dr. Ste206
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	Deerfield Beach,	FL 33442
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CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT# NAME			STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP		
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	this filing does not qualify for that my signature shall have the s report as required by Chapte	the exemption stated in S ne same legal effect as if er 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes made under oath; that I am a Gene	s. I further certify that the information are Partner of the limited partnership or