

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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02 APR 30 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A97000001553

1. Entity Name,
OABC, LTD.

Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442	Mailing Address P.O. BOX 4219 DEERFIELD BEACH FL 33442-4219
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 65-0769056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAY, JAMES R ESQ.
C/O AKERMAN, SENTERFITT & EIDSON, P.A.
777 SOUTH FLAGLER DR., EAST TOWER, STE.209
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
KAY, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)
KAY LAW OFFICES

11505 FAIRCHILD GARDENS AVE. SUITE 203

City
PALM BEACH GARDENS **FL** Zip Code
33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000059459	NAME TOAB, INC.	STREET ADDRESS	
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206	CITY-ST-ZIP DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	700005501387--7
DOCUMENT #	NAME	STREET ADDRESS	05/18/02-01001-005
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	****535.00 ****535.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-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

SIGNATURE: *[Signature]* **REQUIRE ASSOF** **4-25-02 954-428-4585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)