APPRUYE

2002 UNIFORM BUSINESS REPORT (UBR)

A97000001744 **DOCUMENT #** 1. Entity Name 02 APR 19 PH 12: 02 THE SYDEL SINGER FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O NELSON & FELDMAN, P.A. C/O NELSON & FELDMAN. P.A. 1135 KANE CONCOURSE 1135 KANE CONCOURSE **BAY HARBOR ISLANDS FL 33154** BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 3. Mailing Address 1111 Kane Concourse 1111 Kane Concourse Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** <u>Suite 200</u> <u>Suite 200</u> City & State City & State 4. FEI Number Applied For 65-0753946 <u>Bay Harbor Islands.</u> Not Applicable Bay Harbor Islands Country Country \$8.75 Additional 5. Certificate of Status Desired 33154 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NELSON, THEODORE R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1135 KANE CONCOURSE 1111 Kane Concourse **BAY HARBOR ISLANDS FL 33154** Suite 200 Zip Code 33154 Bay Harbor Islands 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$1,000,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P98000065176 DOCUMENT # STREET ADDRESS SYDEL SINGER FAMILY CORPORATION 1111 Kane Concourse - Suite 211 NAME 1135 KANE CONCOURSE STREET ADDRESS CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154** CITY-ST-ZIP Bay Harbor Islands, FL 33154 DOCUMENT # STREET ADDRESS NAME 800005451918 -05/06/02--01013--005 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ****526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Kenneth Walker, President 04-03-02 305 865-5716