2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 MAY 24 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000523 AV

DOCUMENT # A97000001883

1. Entity Name

MOLLER HOLDINGS, LTD.

Principal Place of Business	Mailing Address
200 E. LAS OLAS BLVD., SUITE 1900 FORT LAUDERDALE FL 33301	200 E. LAS OLAS BLVD., SUITE 1900 FORT LAUDERDALE FL 33301

2. Principal Place of Business		3. Mailing Address	
ONE FINANCIAL PLAZA		ONE FINANCIAL PLAZA	
Suite, Apt. #, etc.: SUITE 125		Suite, Apt. #, etc.: SUITE 125	
City & State: FT. LAUDERDALE FL		City & State: FT. LAUDERDALE FL	
Zip: 33394-0063	Country: USA	Zip: 33394-0063	Country: USA

DUE BY MAY 1, 2002

4. FEI Number 65-0785733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRINKLEY, W. MICHAEL ESQ. 200 E. LAS OLAS BLVD., SUITE 1900 FORT LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$105,000.00	10. Amount of Capital Contributions in FLORIDA to date.	$105,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000063380	STREET ADDRESS	ONE FINANCIAL PLAZA SUITE 125
NAME	MOLLER MANAGEMENT, INC.		
STREET ADDRESS	200 E. LAS OLAS BLVD., PH-B #2050	CITY-ST-ZIP	FT. LAUDERDLAE, FL 33394-0063
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
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CR2E003 (9/01)

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 REQUIRED [signature] 4/25/02 9545240601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #