

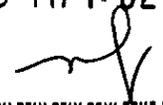
# 2000 UNIFORM BUSINESS REPORT (UBR)

NY 11/22/00

**DOCUMENT #** A97000002371  
**1. Entity Name**  
 LAST CHANCE FINANCE, LTD.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV -9 PM 1:02




**Principal Place of Business**      **Mailing Address**  
 4101 - 66TH STREET NORTH      4101 - 66TH STREET NORTH  
 ST. PETERSBURG FL 33709      ST. PETERSBURG FL 33709

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number** 59-3476442      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 THATCH, JOHN D  
 4101 - 66TH STREET NORTH  
 ST. PETERSBURG FL 33709

**7. Name and Address of New Registered Agent**  
 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. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions** as Shown on record. **\$500,000.00**      **10. Amount of Capital Contributions** in FLORIDA to date \_\_\_\_\_  
**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
~~SEE REVERSE SIDE FOR FEE INFORMATION~~

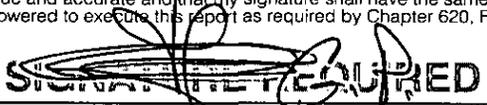
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P94000073807
NAME	LAST CHANCE FINANCE, INC.
STREET ADDRESS	4101 - 66TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33709
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200003479872--6
CITY-ST-ZIP	-11/29/00--01058--008
STREET ADDRESS	****926.25 ****926.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (5/00)

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10-25-00      727-341-2277  
 Date      Daytime Phone #