

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # : A97000002450

1. Entity Name

MADNESS, LIMITED PARTNERSHIP

Principal Place of Business

1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

Mailing Address

1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401-2214

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

65-0794144

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

FARACH, MANUEL

1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

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

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.

\$7,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000096362
NAME MADNESS, INC.
STREET ADDRESS 10900 STATE ROAD A-1-1
CITY-ST-ZIP JENSEN BEACH FL 34957

STREET ADDRESS

CITY-ST-ZIP

200003384412--5
-09/06/00--01105--025
*****400.00 *****400.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

Adm - 400.00

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

RA - 452.50 - 4P
JENSEN - 88.75 - Adm

STREET ADDRESS

CITY-ST-ZIP

700003384417--9
-09/06/00--01105--026
*****141.25 *****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CUS - 8.75

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

550.00

STREET ADDRESS

CITY-ST-ZIP

100003384421--7
-09/06/00--01105--027
*****8.75 *****8.75

DOCUMENT #
NAME
STREET ADDRESS
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:

Bonnie A. Merrill, Pres of Madness, Inc.
its General Partner

8-24-00

Date

561-686-3307

Daytime Phone #

CR2E003 (9/99)