

# 2000 UNIFORM BUSINESS REPORT (UBR)

0008681 AF

DOCUMENT # **A97000002509**

1. Entity Name

**BLUE LAKE HOLDCO, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 10 PM 12:59

Principal Place of Business  
**140 INTRACOSTAL POINTE DRIVE, STE. 410  
JUPITER FL 33477**

Mailing Address  
**140 INTRACOSTAL POINTE DRIVE, STE. 410  
JUPITER FL 33477-5094**



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0795305</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>DEG CAPITAL G.P. I, INC.</b> <b>140 INTRACOSTAL POINTE DRIVE, STE. 410</b> <b>JUPITER FL 33477</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.	<b>\$3,960,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>3,960,000.00</b>	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 #	<b>F97000005105</b>	STREET ADDRESS	
NAME	<b>DEG CAPITAL G.P. I INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>140 INTRACOSTAL POINTE DRIVE, STE. 410</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL 33477</b>	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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]** **3-27-00** **561 745 7000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)