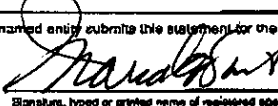


2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 15 2000 8:00 am
Secretary of State

DOCUMENT # A97000002831					
1. Entity Name AMALFI WEST, LTD					
Principal Place of Business 3621 BAYOU SOUND LONGBOAT KEY, FL 34228			Mailing Address 3621 BAYOU SOUND LONGBOAT KEY, FL 34228		
2. Principal Place of Business 3621 BAYOU CIRCLE		3. Mailing Address P.O. BOX 3258		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O RIC GREGORIA			
City & State		City & State SARASOTA, FL		4. FEI Number 65-0806221	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G ESQ. 200 SOUTH ORANGE AVENUE SARASOTA, FL 34228 US			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 date if applicable. (NOTE: Registered Agent signature required when re-electing)					
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$250,000.00			
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 #	P97000103942		STREET ADDRESS	3621 BAYOU CIRCLE	
NAME	MDS HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	3621 BAYOU SOUND		CITY-ST-ZIP		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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)(f), Florida Statute. 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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____			Maria DeSanto		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # _____		

CR2E003 (9/99)

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