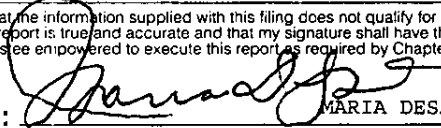


2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|-----------------------|--|---|--|--|
| DOCUMENT # A97000002831 | | | | | |
| 1. Entity Name AMALFI WEST, LTD. | | | | | |
| Principal Place of Business 3621 BAYOU CIRCLE LONGBOAT KEY FL 34228 | | | Mailing Address P.O. BOX 3258 C/O RIC GREGORIA SARASOTA FL 34236 | | |
| 2. Principal Place of Business | | 3. Mailing Address 200 SOUTH ORANGE AVENUE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. C/O RIC GREGORIA | | | |
| City & State | | City & State SARASOTA FL | | 4. FEI Number 65-0806221 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 34236 | USA | 34236 | USA | | |
| 6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G ESQ. 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 9. Capital Contributions as Shown on record. 250,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 250,000.00 | | 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 # | P97000103942 | | STREET ADDRESS | | |
| NAME | MDS HOLDINGS, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 3621 BAYOU CIRCLE | | | | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | | | | |
| 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 | | | | | |
| 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:  | | | MARTA DESANTO | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date _____ Daytime Phone # _____ | | |

CR2E003 (1/1/00)

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