2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002919

1. Entity Name
VACHEL LIMITED PARTNERSHIP

FILED
01 AUG -7 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
100 SPOONBILL ROAD MANALAPAN, FL 33462	100 SPOONBILL ROAD MANALAPAN, FL 33462

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	SHANHOLT GLASSMAN KLEIN KRAMER Suite, Apt. #, etc. 488 MADISON AVE, 10th FL
City & State	City & State NEW YORK, NY
Zip / Country	Zip / Country 10022

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0802047 ☐ 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
LYNCH, FRANCIS X J 340 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) 500004534938--0 -08/15/01--01012--006 ****541.25 ****541.25 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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
100	100	

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 #	L99000006833	STREET ADDRESS	
NAME	BFLP LIMITED LIABILITY CO	CITY-ST-ZIP	
STREET ADDRESS	100 SPOONBILL ROAD		
CITY-ST-ZIP	MANALAPAN, FL 33462		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	452.50-UP
NAME		CITY-ST-ZIP	88.75-AM
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #