## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000509  1. Entity Name					FILEO		
LA PLACE DU SOLEIL LIMITED PARTNERSHIP				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business  C/O DUANE. MORRIS & HECKSCHER LLP  777 SOUTH FLAGLER DRIVE. SUITE 800-W  WEST PALM BEACH FL 33401  Mailing Address  C/O DUANE. MORRIS & HE  777 SOUTH FLAGLER DRIVE.  WEST PALM BEACH FL 33401  WEST PALM BEACH FL 33401				E 800-W	OO FEB 22 AM II: 04		
2. Principal Place of Business 249 Royal Palm Way Suite, Apt. #, etc.  3. Mailing Address 249 Royal Pa Suite, Apt. #, etc.  Suite, Apt. #, etc.			alm 1	Way :	DO NOT WRITE IN THIS SPACE	,	
	each, FL	Suite 403 City & State Palm Beach,	City & State Palm Beach, FL		4. FEI Number 65-0817531 Applied For Not Applicable	le	
Zip 33480	Country USA 6. Name and Address of Current F	Zip -33480 registered Agent	Countr	USA	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent	_	
HOUGH, JOHN H C/O DUANE, MORRIS & HECKSCHER LLP 249 ROYAL PALM WAY, SUITE 403 PALM BEACH FL 33480			_ · }	Name Street Address City	reet Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered office or resistance.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.					d when reinstating)  QATE  11. MAKE CHECK PAYABLE TO DEPT: OF STATES SEE REVERSE SIDE FOR FEE INFORMATION		
NOTE: General Partners MAY NOT be changed on the 12.  GENERAL PARTNER INFORMATION				an amendmer	nt must be filed to change a general partner.  ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000016729 LA PLACE DU SOLEIL, INC. 777 SOUTH FLAGLER DRIVE, SUITE 800-W WEST PALM BEACH FL 33401		STREE	T-710	19 Royal Plam Way, Suite 403		
DOCUMENT # NAME			STREET	† ADDRESS	•		
STREET ADDRESS CITY - ST - ZIP DOCUMENT #		· · · · · · · · · · · · · · · · · · ·	СПҮ-5		mf 3/1/00		
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DOCUMENT #			STREET	ADDRESS			
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indicated	ertify that the information supplied with to on this report is true and accurate and the or trustee empowered to execute this	at my signature shall have the	ie same l	egal effect as if n	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership of \$70-733-2.585	or	