## 2000 UNIFORM BUSINESS REPORT (UBR) 00 JAN 20 PM 1: 36 A98000000611 SECRETARY OF STATE DOCUMENT # TALLAHASSEE. FLORIDA 1. Entity Name FG DEERFIELD PARTNERS, LTD. 00 JAN 20 PM 1: 36 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 350 N.W. 12TH AVENUE 350 N.W. 12TH AVENUE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-1700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0827980 Not Agradia Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD., SUITE 1600 **MIAMI FL 33131** City 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) 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$680,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P94000053010 DOCUMENT# STREET ADDRESS FG INVESTMENT GROUP, INC. <u>200003115072--</u> -01/28/00--01998--001 NAME 350 N.W. 12TH AVENUE STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** \*\*\*\*526.25 \*\*\*\*526.25 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CATY-ST-ZEP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZP 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