

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

001725 AI

DOCUMENT # A98000000611

1. Entity Name

FG DEERFIELD PARTNERS, LTD.

02 JUN -3 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

350 N.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442

Mailing Address

631 US HIGHWAY ONE  
SUITE 206E  
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0827980

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

DANIEL MENDICINO  
118 BOWSPRIT DRIVE  
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City & State

Zip

Country

Zip

Country

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.

4-26-02  
DATE

9. Capital Contributions  
as Shown on record.

\$680,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$680,000.00

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 # P94000053010  
NAME FG INVESTMENT GROUP, INC.  
STREET ADDRESS 631 US HIGHWAY ONE, STE. 206E  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

STREET ADDRESS ~~5900 CALENDAR ST~~  
CITY-ST-ZIP ~~ALBANY, GA 31707~~

DOCUMENT #   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

STREET ADDRESS 40 COMBENT  
CITY-ST-ZIP 1840 N. COMMERCE HWY #3 - WESTON FL 33326

DOCUMENT #   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

STREET ADDRESS   
CITY-ST-ZIP 300005693443--0  
-06/06/02--01012--020

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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

4-26-02

Date Daytime Phone #

CR2E003 (9/01)