1/19/00 (305)358-6300 Date Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000976 1. Entity Name				FILED		
SAMENETT CAPITAL LTD.					00 JAN 27 PM 3: 21	
Principal Place of Business 4900 VAN BUREN STREET HOLLYWOOD FL 33021 Mailing Address 4900 VAN BUREN STREET HOLLYWOOD FL 33021-7250					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal P	lace of Business .	3. Mailing Address			-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	9	City & State			4. FEI Number 65-0841978 Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Nama	7. Name and Address of New Registered Agent	
NETTINA, RICHARD P				Name		
4900 VAN BUREN STREET				Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021				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. \$2,500,000.00 in FLORIDA to date				butions	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#	P98000003814		STRI	ET ADDRESS		
NAME STREET ADDRESS	4900 VAN BUREN ST			- ST- ZIP		
CITY-ST-ZIP DOCUMENT#	HOLLYWOOD FL 33021		╫		200003118322\$ -02/01/0001066004	
NAME STREET ADDRESS		•		EET ADORESS	-02/01/0001066004 ****526.25 *****526.25	
CITY-ST-ZIP		·	CITY	-ST-ZIP		
DOCUMENT# NAME			STRE	EET ADORESS		
STREET ADDRESS CITY - ST - ZIP			СПҮ	'-ST-ZIP		
DOCUMENT# NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	4 .			-ST-ZIP		
DOCUMENT#			STR	EET ADDRESS	\bigvee	
STREET ADDRESS CITY - ST - ZIP			СПУ	-ST-ZIP		
DOCUMENT#	s			EET ADDRESS		
STREET ADDRESS (CITY	-ST-ZIP		
14. I hereby of indicated	certify that the information supplied with In this report is true and accurate and	this filing does not qualify for that my signature shall have t	the exe	mption stated in Se e legal effect as if r	action 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	