2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001531 1. Entity Name				FILED		
HOME D	YNAMICS SILVERADO, LTD.			00 FEB 16 1	PM 2: 06	
Principal Place of Business Mailing Address 7695 SW 104 STREET. SUITE 210 7145 CRESCENT CREEK WA PINECREST FL 33156 COCONUT CREEK FL 33073-				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
		3. Mailing Address				
2. Principal Place of Business 7103 Crescent Creek In 7103 Crescent Suite, Apt. #, etc. Suite, Apt. #, etc.			Creek Ln DO NOT WRITE IN THIS SPACE			
Coconut Creek FL Coconut Creek,			FL	4. FEI Number APPLIED FOR Applied For Not Applicable		
^{Zip} <u>3</u> პ67		33073	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registere	J Agent	
SCHACK, EDWARD J 7695-SW-104-STREET, SUITE-210			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
COCONUT CREEK FL-33073			ED SCHACK			
OSSONS! SILER! I SOUND			City PEME	7954 PINES BLVD City PEMBROKE PINES, FL 33026 FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Reg	gistered Agent signature require	od 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						
	A GENERAL PARTNER TI	AT IS A BUSINESS ENTIT	Y MUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE IT	CE. artner.	
12.	GENERAL PARTNER		13.	ADDRESS CHANGES C		
DOCUMENT#	P98000055187		STREET ADDRESS -	2 06 1 0		
NAME STREET ADDRESS	HOME DYNAMICS SILVERADO, INC. 7145 CRESCENT CREEK-WAY			7103 Crescent Cree] }	
CITY+ST-ZIP DOCUMENT#	COCONOT CHEER FL 330/3		STREET ADDRESS	Soconut Creek, FL	33073	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
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Document# Name	·		STREET ADORESS			
STREET ADDRESS CITY - ST - ZIP	1987 N.		CTTY+ST-ZMP			
14. I hereby of indicated the receive	certify that the information supplied with on this report is true and accurate and it were or trustee empowered to execute this	this filing do not ordlify for the har my signature shall have the	e exemption stated in S same legal effect as if S20. Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further of made under oath; that I am a General Partner	certify that the information of the limited partnership or	

954 -421-5ta

1.20.00 Date

Daytime Phone