

2001 UNIFORM BUSINESS REPORT (UBR)

0007638 AF

DOCUMENT # A98000002369

1. Entity Name

TEMPLE PARTNERS, LTD.

FILED

01 APR 30 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2300 NORTH CORPORATE BOULEVARD
STE. 238
BOCA RATON FL 33431

Mailing Address
2300 NORTH CORPORATE BOULEVARD
STE. 238
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0880836		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TEMPLE, JOHN W 2300 NW CORPORATE BLVD. STE. 238 BOCA RATON FL 33431				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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. (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$480,000.00	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 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 #	P93000005176	STREET ADDRESS	
NAME	TEMPLE MANAGEMENT COMPANY	CITY-ST-ZIP	
STREET ADDRESS	2300 NORTH CORPORATE BOULEVARD		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:

John W. Temple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
John W. Temple, General Partner
Temple Management Company

April 19, 2001 561/997-8841

Date Daytime Phone #

CR2E003 (11/00)