LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002483

1. Entity Name
Citadel Pointe Limited Partnership

FILED
02 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1515 N Federal Hwy		1515 N Federal Hwy	
Suite, Apt. #, etc. Suite 306		Suite, Apt. #, etc. Suite 306	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432	Country USA	Zip 33432	Country USA

DUE BY MAY 1, 2002

4. FEI Number 65-0879077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kamradt, Russell T. Esq.

Street Address (P.O. Box Number is Not Acceptable): 777 South Flagler Drive

Suite 1900

City: West Palm Beach **FL** Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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
$1,000.00		

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			
DOCUMENT #	P98000092019	STREET ADDRESS	
NAME	Citadel Pointe, Inc.	CITY-ST-ZIP	
STREET ADDRESS	1515 N Federal Hwy, Suite 306		
CITY-ST-ZIP	~~Boca Raton, FL 33432~~		
DOCUMENT #		STREET ADDRESS	200005556302--5
NAME		CITY-ST-ZIP	-05/17/02--01014--027
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
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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: Mark A. Gensheimer (561) 750-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #