2001	UNIFORM	BUSINESS	REPORT	(UBR
		A • • •		•

DOCUMENT # A9800002883 1. Entity Name									IYYA, A III	KUYE: ND :ED		5	246 AE			
WOLS R	idge, Ltd.									1	. 01 A			. 25	•	η
Principal Place of Business Mailing Address 3400 N.E. 34TH STREET, SUITE 101 3400 N.E. 34TH STREET, SUITE TO TELAUDERDALE FL 33308 FT. LAUDERDALE FL 33308				UITE 101			OI APR 30 AMII: 25 SECRETARY OF STATE TAGE AHASSEE, FLORIOZ									
2. Principal Place of Business 3. Mailing Address																
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE								
City & Stat	e		*		С	ity & State				4. FEI Numbe	65-0892306		,	Applied For		
Zip Country			Zi	ip	Country		try	5. Certificate	of Status Desired	×	\$8.75 / Fee Regu	Additional				
1201 HAY	ITION SERV	ICE C	OMPAN	Y	egiste	ered Agent			Street Addres 3400 N #101 City	7. Name and Rurstein ss (P.O. Box Numbe IE 34th Si	r is Not Acceptable					
8. The above SIGNATURE . 9. Capital Co as Shown of	Signature, typed ntributions on record.	or printed	\$60,0	istered agent and 00.00 RTNER TH	IAT IS	applicable. 10. Amount of C in FLORIDA 3 A BUSINESS	(NOTI Re Capital C to date:	egisterec Contrib	d Agent signature required by the signature	stered agent, or both uired when reinstating)	11. MAKE CHEC SEE REVERS	DATE K PAYABLE SE SIDE FO	TO DEPT. R FEE INF	OF STATE	and the second of the second o	
12.	NOTE:	Gen	eral Par	tners MAY PARTNER II	ТОИ	be changed o	on the f	form 13.	; an amendm	ent must be filed	to change a ge ADDRESS CHA	neral par	tner.		\dashv .	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A98000002880 EDB RIDGE LTD. 3400 N.E. 34TH STREET, SUITE 101 FT. LAUDERDALE FL 33308						ET ADDRESS ST-ZIP						R2F003 (11/00)			
DOCUMENT #	A98000002 EDH RIDGI	881		308				STREI	ET ADDRESS	8	000047 -05/15	218	038)110}	32	2 8	;
STREET ADDRESS CITY-ST-ZIP	3400 N.E. FT. LAUDE				11			CITY-	ST-ZIP		*****1		****	164.00		
DOCUMENT / NAME STREET ADDRESS				-				STREI	ET ADDRESS						_	
CITY-ST-ZIP								CITY-	ST-ZIP		<u></u>					
NAME STREET ADDRESS						•			ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	 -			_	
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STREET ADDRESS CITY-ST-ZIP								CITY-	ST-ZIP							
DOCUMENT # NAME **								STREE	T ADDRESS							
STREET ADDRESS CITY-ST-ZIP	_							CITY-	ST-ZIP							
14. I hereby c indicated the receive	ertify that the on this report er or trustee e	is true empow ED	e and acc rered to e	urate and the xecute this re	at my eport	signature shall he as required by C	y fc the ave the hapter 6	e exen same 520, F	nption stated in legal effect as lorida Statutes	Section 119.07(3)(i) if made under oath;	, Florida Statutes. I that I am a General	further cert Partner of	ify that the	information partnership	o or	
SIGNAT	URE: _		NATURE AN			NAME OF SIGNING SE	NER AL PA	RTNER		4/9,	01 (95 Date	74)50 De	oS-4/ Lytime Phone	<u> 18</u>	_	