2002 UNIFORM BU있LESS REPORT (UBR)						APPROVEU AND		
DOCUMENT # A9900000040						FILED		
NORTHSTAR HOLDINGS, LTD. NORTHSTAR HOLDINGS, LTD.						02 APR 26 PM 2: 44		
						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address						IALLAHASSEET COMPA		
5196 CLOVER CREEK DRIVE 5196 CLOVER CREEK DRIVE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437								
2. Principal Place of Business 3. Mailing Address				~,				
14406 5. M./ITARY TOAI 14406_ S. M./ITARY Suite. Apt. # .etc.			tary	TR+1/				
						DUE BY MAY 1, 2002 A FFI Number Applied For		
City & State Delray FL Delray FL Delray FL						4. FEI Number 52-2140180 Applied For Not Applicable		
Zip / 33445	- Country - PALM	Zip 33445	Count	ry LM		5. Certificate of Status Desired		
-	6. Name and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent		
ETTINGER, DAVID Street					ETTIMER, DAVIA ddress (P.O. Box Number is Not Acceptable)			
5196 CLOVER CREEK DRIVE				Street Address ((F.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33437				14406 S. M. litary texil				
\				City 38445 Delray FL Zip Code 33445				
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	register	ered agent, or both, in the State of Florida. →		
SIGNATURE Signature, typod or printed name of registered agent and title if applicable.					Hin	go- //1/07		
9. Capital Contributions \$100.00 10. Amount of Capital Contribution						11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
as Shown o	A CENEDAL DARTNER T	in FLORIDA to da HAT IS A BUSINESS EN	TITY M	UST BE F	REGIST	TERED AND ACTIVE WITH THIS OFFICE.		
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION				; an ame	ndmer	ADDRESS CHANGES ONLY		
DOCUMENT #	P98000093759			STREET ADDRESS 14406 5- Military texil				
NAME STREET ADDRESS	NORTHSTAR HOLDINGS, INC. RESS 5196 CLOVER CREEK DRIVE		CITY	-ST-ZIP				
CITY-ST-ZIP	BOYNTON BEACH FL 33437			OI LII	De1	RAY , FL 33445		
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		5000054504456 		
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NAME STREET ADDRESS			CITY	-ST-ZIP		10101200100		
CITY-ST-ZIP				J. 2.,				
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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								
ine recen	voi or italies emponera to execute in		\mathcal{L}		_			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Daytima Phone #								