

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 PM 5:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000000042
1. Entity Name



Entrada Technologies, Ltd.
1300 Allendale Road
West Palm Beach, FL 33405

DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
1300 Allendale Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
West Palm Beach, FL

City & State

4. FEI Number 65-09160710

Applied For
Not Applicable

Zip Country
33405

Zip Country

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
Sean P. Kiernan
Street Address (P.O. Box Number is Not Acceptable)
1300 Allendale Road
400017928414
05/05/03--01024--007 ***158.75
City West Palm Beach FL Zip Code 33405

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. I am familiar with, and accept the obligations of registered agent

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

DATE _____

9. Capital Contributions as Shown on record. 10,000

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # P98000095794
NAME Entrada Technologies Mgt., Inc
STREET ADDRESS 1300 Allendale Road
CITY-ST-ZIP West Palm Beach, FL 33405

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: Lang ER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE