

**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	
City & State West Palm Beach, FL		City & State		4. FEI Number 65-09100710	
Zip 33405	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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			
		City West Palm Beach			

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

SIGNATURE: Lang ER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE

CR2E003B (12/02)