•	2000	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR

DOCUMENT # A9900  1. Entity Name  MALLORY DEVELOPMENT, LTD.	0000126			SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business 6111 BROKEN SOUND PARKWAY, N.W. BOCA RATON FL 33487	Mailing Address 6111 BROKEN SOUND PA BOCA RATON FL 33487-2	W.	00 APR -3 PM 6: 47					
2. Principal Place of Business 1801 S Ederal Unshum	3. Mailing Address	eal this	Shuay					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>ڀ</u>		DO NOT WRITE IN THIS SPACE				
City & State Box Rako FL	City & State Colon	, M		4. FEI Number Applied For Not Applicable				
Zip 33483 Country U 5/4	3 <sup>Zio</sup> 183	Country	5/3	5. Certificate of Status Desired				
6. Name and Address of Current	Registered Agent	_ 1	Name (2)	7. Name and Address of New Registered Agent				
MULLER, CHARLES E II 9350 SOUTH DIXIE HIGHWAY, SUITE 1550			Street Address (P.O. Box Number is Not Acceptable) .					
MIAMI FL 33156			611	11 Broken Journ larkway				
		(	City 500	Ca Laken FL 219538987				
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent a	entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  **Lihan** Ukrbu*** 1/25/00							
9. Capital Contributions as Shown on record. \$500,000.00	Capital Contributions \$500,000,00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE							
				TERED AND ACTIVE WITH THIS OFFICE.  nt must be filed to change a general partner.				
12. GENERAL PARTNER		13.	<u> </u>	ADDRESS CHANGES ONLY				
NAME MALLORY DEVELOPMENT, INC.	N NIM	STREET A	ADDRESS (	901 S Feller bighway				
STREET ADDRESS CITY-ST-ZP BOCA RATON FL 33487	Y, N.W.	CITY-ST-	-ZIP D	201 S Feller Highway  Delvay Search, Pl 33483				
DOCLIMENT / NAME		STREET A	NOORESS					
STREET ADDRESS CITY-ST-ZIP		CITY-ST	-ZIP					
DOCUMENT# NAME		STREET A	ADDRESS /	2				
STREET ADDRESS CITY-ST-ZIP	·	CITY-ST	-ZIP	The 41W				
DOCUMENT # NAME		STREET A	ADDRESS	3000032098037				
STREET ADDRESS CITY-ST-ZIP	<u> </u>	CITY-ST-	- ZIP	-04/14/0001077010 ****526.25 ****526.25				
DOCUMENT # NAME		STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP 2		CITY-ST	- ZIP					
DOCUMENT # NAME		STREET A	ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-	-ZIP					
indicated on this report is true and accurate and	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: SIGNATURE AND TYPED OR	FRINTED NAME OF SIGNING GENER		nd Wei	Date Daytime Phone #				