

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A990000000468

1. Entity Name
HORSMAN HEDGE FUND, LTD.

Principal Place of Business
**139 SUNRISE AVENUE, SUITE 308
PALM BEACH FL 33480**

Mailing Address
**139 SUNRISE AVENUE, SUITE 308
PALM BEACH FL 33480-3944**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0914586** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HORSMAN, LAWRENCE A.G.
139 SUNRISE AVENUE, SUITE 308
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record **\$50,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date **250,000** 11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000023699	STREET ADDRESS	
NAME	HORSMAN BROTHERS, INC.	CITY - ST - ZIP	
STREET ADDRESS	139 SUNRISE AVENUE, SUITE 308		
CITY - ST - ZIP	PALM BEACH FL 33480		
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NAME		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: LAWRENCE A G HORSMAN 4/24/2000 561-833-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

LAWRENCE A G HORSMAN CP

CR2E003 (9/99)