

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000468

1. Entity Name
HORSMAN HEDGE FUND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



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

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

7. Name and Address of New Registered Agent

HORSMAN, LAWRENCE A.G.
139 SUNRISE AVENUE, SUITE 308
PALM BEACH FL 33480

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000023699 HORSMAN BROTHERS, INC. 139 SUNRISE AVENUE, SUITE 308 PALM BEACH FL 33480	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	300003265563-8 -05/24/00--01082--002 ***535.00 ***535.00
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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 561-833-9480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

LAWRENCE A G HORSMAN CP

CR2E003 (9/99)