2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # A9900000472 .				FILED		
EDB RIDGE CHILDREN, LTD.				SECRETARY OF S	TATE RATIONS	
Principal Place of Business 3400 N.E. 34TH STREET. SUITE 101 FT. LAUDERDALE FL 33308 Mailing Address 3400 N.E. 34TH STREET. S FT. LAUDERDALE FL 33308			COMAY 24 PM 1: 33			
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE			
City & State City & Sta		City & State		4. FEI Number 65-0912701	Applied For Not Applicable	
Zip			Country	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent			Name	Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525			City	, F	Zip Code	
R The above	named entity submits this statement for	the purpose of changing its reg	istered office or registe	ered agent, or both, in the State of Florida.		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. Capital Contributions \$6,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE						
as Shown on record. 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 O		
DOCUMENT# NAME	P98000107326 EDB RIDGE CORP. 3400 N.E. 34TH STREET, SUITE 101		STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP			
DOCUMENT / NAME			STREET ADDRESS	100003298		
STREET ADORESS CITY - ST - ZIP DOCUMENT #	СПУ		CITY-ST-ZIP	-06/21/0001009009 ****150.00 *****150.00		
NAME STREET ADDRESS		e e e e e e	STREET ADDRESS			
CITY-ST-ZIP DOCUMENT#			STREET ADDRESS			
NAME STREET ADORESS			CITY-ST-ZIP			
DOCUMENT#	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS			
NAME Street aporess City-St-ZIP			CITY-ST-ZBP			
DOCUMENT!	,		STREET ADDRESS			
STREET ADORESS CITY-ST-ZIP		\mathcal{A}	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 eath; 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 EDB RIDGE Popular						
SIGNATURE: BUSIGNATU REDUIRED 4/10/00 (954)568-4118 RENATURE BUSIGNATURE OF SIGNING GENERAL PARTNER DENT Date Dayling Phone 4						