2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000475						FILED	
H I P VENTURES, LTD.						02 MAY 20 PM 2: 38	
Principal Plac 107 12TH ST RUSKIN FL 3	. s.w.	S	Mailing Address 107 12TH ST. S.W. RUSKIN FL 33570			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal F		ess	3. Mailing Address			- 1 100 1914 1019 10110 10111 00111 00111 00111 00111 00111 00111 00111 00111 00111 1001	
Suite, Apt.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State			City & State			4. FEI Number Sp-3555901 Applied For Not Applicable	
Zip	Zip Country 6. Name and Address of Current F		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required	
NYMARK, DENNIS V ESQ. 110 S. PEBBLE BEACH BLVD SUN CITY CENTER FL 33573					7. Name and Address of New Registered Agent Name JAMES R. TANNER Street Address (P.O. Box Number is Not Acceptable) 107 12TH STREET, SW City RUSKIN FL Zin Code 33570		
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 JAMES R. TANNER, PRESIDENT 4-29-02							
9. Capital Contributions as Shown on record. \$360,000.00 10. Amount of Capital Contributions in FLORIDA to date.					outions	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.	P9900000	GENERAL PARTNER		13.	1	ADDRESS CHANGES ONLY	
NAME STREET ADDRESS	H i P VEN 107 12TH	ITURES, INC. ST. S.W.			ET ADDRESS	8000056951280 -06/06/0201078010	
DOCUMENT #	RUSKIN F	L 33370		STRE	ET ADDRESS	****561.25 ****561.25	
STREET ADDRESS					ST-ZIP	19 50 W	
DOCUMENT #				STREI	ET ADDRESS	410,151	
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DOCUMAÎT / NAME /				STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			-		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 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: JANNER 4-30-02 645-4659							
SIGNATURE: / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone #							