2000 UNIFORM BUSINESS REPORT (UBR)

				<u> </u>	_			
DOCUMENT # A9900001364 1. Entity Name					FILEO SECRETARY OF STATE: DIVISION OF CORPORATIONS			
BOSWELL ASSOCIATES, L.P. n/k/a					'DIVISION OF CORPORATIONS			
BOSWELL ASSOCIATES, LTD,					OO MAR -	-6 PM 5: 25		
Principal Place of Business 8197 PALM HAMMOCK LANE HOBE SOUND FL 33455 Mailing Address 8197 PALM HAMMOCK LANE HOBE SOUND FL 33455-823						0 111 3- 23		
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address)	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	Applied For Not Applica			
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Re	gistered Agent	コ	
				Name-ANGELINA BALDWIN				
JACOBSON, DANIEL A				Street Address (P.O. Box Number is Not Acceptable)				
ECKERT SEAMANS CHERIN & MELLOTT, LLC 450 E. LAS OLAS BLVD., SUITE 800			ļ	SAME				
FT. LAUDERDALE FL 33301				City	Zip Code			
8. The above	named entity submits this statement	pythe purpose o changi	ing its registere	ed office or registe	ered agent, or both, in the State of Flor	2/100		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature require		DATE		
9. Capital Contributions as Shown on record. \$171,023.71 in FLORIDA to date.					SEE REVERS	C PAYABLE TO DEPT. OF STATE E SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER NOTE: General Partners MA	THAT IS A BUSINES AY NOT be changed	S ENTITY MI on the form:	UST BE REGIS ; an amendmei	TERED AND ACTIVE WITH THIS nt must be filed to change a ge	6 OFFICE. neral partner.	}	
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT#	BOSWELL, YATES P JR.		STRE	ET ADDRESS	1000031	179061	66/6	
NAME STREET ADORESS CITY - ST - ZIP	8197 PALM HAMMOCK LANE HOBE SOUND FL 33455		CITY-	-ST-ZIP	-03/22 ****5	/0001011005	R2E003_(9/99)	
DOCUMENT #	BOSWELL, MARY H		STRE	ET ADDRESS \\ \rightarrow\rightar	MC1,			
NAME STREET ADDRESS CITY - ST - ZIP	8197 PALM HAMMOCK LANE HOBE SOUND FL 33455		слту		3/6			
DOCUMENT #	BOSWELL, WILLIAM P 405 HARE LANE		STRE	ET ADDRESS			<u> </u>	
STREET ADDRESS CITY - ST - ZIP	SEWICKLEY, P.A 15	143	cny-	- ST - ZIP				
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STREET ADDRESS CITY-ST-ZIP				- \$T - ZIP				
indicated	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute the	that my signature shall	have the same	e legal effect as if I	ection 119.07(3)(i), Florida Statutes. I made under oath; that I am a General	further certify that the information Partner of the limited partnership	n por	

(561) Z20 - 6860

SIGNATURE: