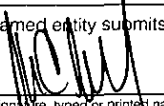


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # AA900000 1517			
1. Entity Name MARKET MASTERS, LTD.			
Principal Place of Business 595 NORTH COURTENAY PKY. MERRITT ISLAND, FL 32953		Mailing Address 595 NORTH COURTENAY PKY. MERRITT ISLAND, FL 32953	
2. Principal Place of Business 7257 NW 4th BLVD #36		3. Mailing Address 7257 NW 4th BLVD	
Suite, Apt. #, etc. #36		Suite, Apt. #, etc. #36	
City & State GAINESVILLE, FL.		City & State GAINESVILLE, FL.	
Zip 32607	Country USA	Zip 32607	Country USA
6. Name and Address of Current Registered Agent TRINITY, STEPHENAS 595 NORTH COURTENAY PKY MERRITT ISLAND, FL. 32953		7. Name and Address of New Registered Agent Name PHIL BEVERLY, JR. Street Address (P.O. Box Number is Not Acceptable) 408 W. UNIVERSITY DRIVE AVE, SUITE 500 City GAINESVILLE, FL FL Zip Code 32601	
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 5/1/00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date. \$100.00	
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 #	TRI FUNDING GROUP, INC. 595 NORTH COURTENAY PKY MERRITT ISLAND, FL. 32953	STREET ADDRESS	7257 NW 4th BLVD #36
NAME		CITY-ST-ZIP	GAINESVILLE, FL. 32607
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)

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:  DATE **April 28, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #