APPRUYEL

AND

2002 UNIFORM BUSINESS REPORT (UBR)

A9900001849 DOCUMENT # 1. Entity Name -02 APR 15 PM 12: 25 STD. LTD. SECRETARY OF STATE TABLE AHASSEE, FLORIDA Principal Place of Business Mailing Address 300 S.E. 9TH COURT 300 S.E. 9TH COURT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0966721 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYATT, GILBERT E III Street Address (P.O. Box Number is Not Acceptable) 300 S.E. 9TH COURT POMPANO BEACH FL 33060 City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$990.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS HYATT, GILBERT E III NAME 300 S.E. 9TH COURT STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33060 CITY-ST-ZIP DOCUMENT # STREET ADDRESS HYATT, PATTI R NAME STREET ADDRESS 300 S.E. 9TH COURT CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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: