

# 2000 UNIFORM BUSINESS REPORT (UBR)

2003125 1

DOCUMENT # A99000002011

1. Entity Name  
WATERFORD ENTERPRISES LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business 7000 W. PALMETTO PARK ROAD, SUITE 200 BOCA RATON FL 33433	Mailing Address 7000 W. PALMETTO PARK ROAD, SUITE 200 BOCA RATON FL 33433-3430
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2. Principal Place of Business 5196 LAKE CATALINA DR. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State
Zip 33433	Country USA

4. FEI Number 105-0969570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN  
7000 W. PALMETTO PARK ROAD, SUITE 200  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	APPLEBAUM, JEFFREY MARC 7000 W. PALMETTO PARK ROAD, SUITE 200 BOCA RATON FL 33433
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY - ST - ZIP	
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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #