

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002044  
1. Entity Name  
TRIVEST-DEI CO-INVESTMENT FUND, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 24 AM 9:56

Principal Place of Business Mailing Address  
2665 South Bayshore Dr. Ste 800  
MIAMI, FL 33133

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Peter W. Klein  
c/o Trivest  
2665 So Bayshore Dr. Ste 800  
MIAMI FL 33133

7. Name and Address of New Registered Agent  
Name MARIA C. CALLEJAS  
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 Maria C Callejas 3-20-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record \$6,100,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$6,100,000 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 #	A99000002043	STREET ADDRESS	
NAME	TRIVEST-DEI GP LTD.	CITY-ST-ZIP	
STREET ADDRESS	2665 South Bayshore Dr. Ste 800	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	900003196239--3
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	-04/05/00--01011--008
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 BY: TRIVEST-DEI GP LTD. MARILYN D. KUFFNER, Asst Sec. 3/15/00 305/858-2200  
By: M. Kuffner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)