LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) OCUMENT # A9900000 2235		O2 JUL -2 PM 12: 14 SECRETARY OF STATE FALLAHASSEE, FLORIDA					
				Star modu Investments, L	-td.	- CORIDA	
				DO NOT WRITE IN THIS SI	PACE		l !
Principal Place of Business 3. Mailing Address 502 WARWED R 502 WARWE	ch Drive	DO NOT WRITE IN THIS SPACE	:				
Suite, Apt. #, etc. Suite, Apt. #, etc.		DUE BY MAY 1					
City & State City & State City & State Zin Country Zip	Country	4. FEI Number Applied For Not Applied For Not Applicable \$8.75 Additional					
34293 USA 34293	USA	Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent 7. Fee Required Fee Fee Required Fee					
DO NOT WRITE IN THIS SPACE	Name	ss (P.O. Box Number is Not Acceptable)					
	City Ven						
Signature, typed or printed name of registered agent and title if applicable.	neval par	Stered agent, or both, in the State of Florida. 2. Venice & 3 + 2 + 3 Suppose DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE					
as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS EN	date. 3,000,	SEE REVERSE SIDE FOR FEE INFORMATION					
NOTE: General Partners MAY NOT be changed on t	he form; an amendm	ent must be filed to change a general partner.					
GENERAL PARTNER INFORMATION OCCUMENT / G D	STREET ADDRESS	5000062277459	(12/01)				
JOHN DER DUNN Ranking SUTY-ST-ZIP SUTY-ST-ZIP SUTY-ST-ZIP	Cîty-St-ZIP	-B1/03/02-010B1-003	9				
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iame Street address City-St-Zip	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 Wy/or 94, 493,397 SIGNATURE:

CITY-ST-ZIP