2002 UNIFORM	BUSINESS	REPORT	(UBR
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DOCU 1. Entity Nam		00000046						
STP ASSOCIATES I LIMITED PARTNERSHIP			FILED					
					02	2 APR 29 AM 9: 04)	
Principal Place of Business 300 HOLLYWOOD WAY HOLLYWOOD FL 33021		Mailing Address 300 HOLLYWOOD WAY HOLLYWOOD FL 33021	300 HOLLYWOOD WAY		Si TAI	SECRETARY OF STATE TALLAHASSEE FLORIDA		
,								
2. Principal Place of Business 3. Mailing Address					0			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	pt. #, etc.		DUE BY MAY 1, 2002			
City & State		City & State	City & State		4. FEI Number	52-2219295	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of	Certificate of Status Desired XX \$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Registered Ag	ent	
STOTZER	R, THEODORE R			Name				
	LYWOOD WAY			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWO	OOD FL 33021							
				City		FL	Zip Code	
	named entity submits this statement f	for the purpose of changing its	register	ed office or regist	ered agent, or both,	in the State of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agen	nt and title if applicable.				DATE		
9. Capital Co as Shown		10. Amount of Capit in FLORIDA to d		butions \$18,916,	367.98	11. MAKE CHECK PAYABLE T SEE REVERSE SIDE FOR		
				IUST BE REGIS	STERED AND AC	TIVE WITH THIS OFFICE.		
12.	NOTE: General Partners M GENERAL PARTNE		ne torn	n; an amename	ent must be tiled	ADDRESS CHANGES ONLY	er.	
DOCUMENT #	F0000001008		STR	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	SREG (STP) INC 300 HOLLYWOOD WAY HOLLYWOOD FL		CITY	-ST-ZIP				
DOCUMENT #	 		STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	50		55	
DOCUMENT #			STRE	ET ADDRESS		<u>00055388:</u> -05/16/02010 ***2285.00	12002	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		***************************************	***************************************	
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		#F#5a6	35	
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STREET ADDRESS City-St-Zip			CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-2IP				
indicated	ertify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute the	d that my signature shall have t	the same	e legal effect as if	section 119.07(3)(i), made under oath; the	Florida Statutes, I further certify nat I am a General Partner of the	that the information e limited partnership or	

STP ASSOCIATES I LIMITED PARTNERSHIP
BY: SREG (STP), INC., its general partnership
SIGNATUREBY: March 15, 2002 (954) 981-1000 Daytime Phone #