## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B0000000265  1. Entity Name							
PHEONIX DYNASTY FUND LP					FILED		
Principal Place of Business Mailing Address				01	MAR 15 AN 11: 36		
2090 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH FL 33409		2090 PALM BEACH LAKES BLVD SUITE 700 SE WEST PALM BEACH FL 33409 TAL		CRETARY OF STATE CAHASSEE, FLORIDA	OCHU RANU OCHO MARE AMAN ANN 1881		
Principal Place of Business     3. Mailing Address		3. Mailing Address				98/17 88/17 98/18 1/8/18 BY 18 0111 1881	
Suite, Apt. #, etc. Suite, Apt. #, etc					DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65 - 1037388			
Zip Country Zip		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
BURNICK, MICHAEL 2090 PALM BEACH LAKES BLVD				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 700 WEST PALM BEACH FL 33409				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  Signature, the state of Florida is registered agent, or both, in the State of Florida.  (NOTE: Registered Agent signature required when reinstating)  DATE							
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  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		13.	,	ADDRESS CHANGE		
DOCUMENT #. NAME	P99000071623 PHEONIX INVESTMENT MANAGEMENT INC			EET ADDRESS	·	9	
STREET ADDRESS CITY-ST-ZIP	2090 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH FL 33409		CITY	-ST-ZIP		25003	
DOCUMENT # NAME				EET ADDRESS	4000038882441 5		
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DOCUMENT # NAME_		•	STR	EET ADDRESS			
STREET_ADDRESS CITY-ST-ZIP		,		'-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							