

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 27 AM 10:03

W6/28

DOCUMENT # B01000000413

1. Entity Name

PATIENCE PARTNERS, L.P.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 450 NORTH ORLANDO Suite, Apt. #, etc. SUITE 110		3. Mailing Address Suite, Apt. #, etc.		DUE BY MAY 1	
City & State WINTER PARK, FLA		City & State		4. FEI Number 59-3635090	Applied For Not Applicable
Zip 32789	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee** FL Zip Code **32301-2525**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 0	10. Amount of Capital Contributions in FLORIDA to date. 0	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		STREET ADDRESS	8000006110488--3
DOCUMENT #	B01000000413	CITY-ST-ZIP	-07/01/02--01001--019
NAME	PATIENCE PARTNERS, LLC		****141.25 ****141.25
STREET ADDRESS	450 NORTH ORLANDO		
CITY-ST-ZIP	WINTER PARK, FLA 32789		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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IN THIS SPACE**

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 629, Florida Statutes.

SIGNATURE:  By: **HARRISON H. DEGUR**

4/29/01

CR2E003B (12/01)