LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 AM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B02000000143

1. Entity Name
Performance Partners, Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Rialto Drive	100 Rialto Drive
Suite, Apt. #, etc.: #615	Suite, Apt. #, etc.: #615
City & State: Melbourne, Florida	City & State: Melbourne, Florida
Zip: 32901 Country: Brevard	Zip: 32901 Country: Brevard

DUE BY MAY 1

4. FEI Number 52-2002248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sapourn, Michael P.

Street Address (P.O. Box Number is Not Acceptable): 100 Rialto Drive, #615

City: Melbourne FL Zip Code: 32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record $24,333,552

10. Amount of Capital Contributions in FLORIDA to date. $13,888,645

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #	M02000001126	STREET ADDRESS	500017591305
NAME	Sapourn Financial Services, L.L.C.	CITY-ST-ZIP	04/30/03--01081--021 **526.25
STREET ADDRESS	100 Rialto Drive, #615		
CITY-ST-ZIP	Melbourne FL 32901		
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CR2E003B (12/02)

STAPLE CHECK HERE

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 _____ Michael P. Sapourn,MM of GP 4/23/03 (321) 953-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #