

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020450 SP

DOCUMENT # B93000000457

1. Entity Name

SYSTEMS FINANCE PARTNERS, LTD.

FILED

01 APR 27 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**RJH**

Principal Place of Business 2655 LEJEUNE ROAD SUITE 525 CORAL GABLES FL 33134	Mailing Address 2655 LEJEUNE ROAD SUITE 525 CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc. Suite 527 City & State	3. Mailing Address Suite, Apt. #, etc. Suite 527 City & State
Zip	Country

4. FEI Number 65-0447975	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$10,000,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000004817 SYSTEMS FINANCE GROUP INC. 2655 LEJEUNE ROAD SUITE 525 CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	400004213504--2 -05/11/01--01150--010 ****141.25 ****141.25
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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

SIGNATURE: JAMES C. HUTSEN-WILSON 4/23/01 305/461-1952  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)