

# 2000 UNIFORM BUSINESS REPORT (UBR)

0015042 JF

APPROVED  
AND  
FILED

00 APR -3 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ny 4/1/00*



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # B980000000056</b>			
1. Entity Name <b>TRIUMPH III ADVISORS, L.P.</b>			
Principal Place of Business C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET, CORPORATION TRUST CEN. WILMINGTON DE 19801		Mailing Address 28 STATE STREET, 37TH FLOOR BOSTON MA 02109-1775	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. <b>\$0.00</b>		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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F97000006241 TRIUMPH III ADVISORS, INC. 28 STATE STREET, 37TH FLOOR BOSTON MA 02109</b>	STREET ADDRESS CITY - ST - ZIP	
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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: <i>[Signature]</i>		Date <b>3/29/00</b> Daytime Phone # <b>617-557-6002</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

CR2E003 (9/99)