

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019C. 3 AB

<b>DOCUMENT #</b>	<b>B98000000157</b>
<b>1. Entity Name</b>	
SUNPLEX OPERATING ASSOCIATES, LIMITED PARTNERSHI	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
330 GARFIELD STREET, STE. 200 SANTA FE NM 87501	330 GARFIELD STREET, STE. 200 SANTA FE NM 87501

**FILED**  
01 JUL 24 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b>	<b>Applied For</b>
59-3497625	Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---	--

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>	
GREENE, ROBERT ESQ. C/O GREENE, DONNELLY & SCHERMER 1301 6TH AVENUE WEST, SUITE 505 BRADENTON FL 34205	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b>	<b>\$3,150,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
---	-----------------------	--	--

**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	
<b>DOCUMENT #</b>	<b>M98000000251</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>BGK VENTURES LLC</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	<b>330 GARFIELD STREET, STE. 200</b>	<b>STREET ADDRESS</b>	<b>300004500293--5</b>
<b>CITY-ST-ZIP</b>	<b>SANTA FE NM 87501</b>	<b>CITY-ST-ZIP</b>	<b>-07/26/01--01072--023</b>
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	<b>****526.25 ****526.25</b>
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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

<b>SIGNATURE:</b>	<b>SIGNATURE REQUIRED</b>	<b>4/28/01</b>	<b>905 992 5100</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

CR2E003 (11/00)