2001 UNIFORM BUSINESS REPORT (UBR)

		OSINESS REFO	,,,,,,	~~!!		
DOCUMENT # B9800000178 1. Entity Name 01 MAY -4 PM 12: 36						
TASMAN FINANCIAL LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Principal Place of Business Mailing Address						1.
1717 N. BAYSHORE DR. #2331 1717		-	1717 N. BAYSHORE DR. #2331			
2. Principal Place of Business 3. Mailing Address						1
Suite, Apt. #, etc. Suite, Apt. #,			ic.			EIIN THIS SPACE
City & State		City & State			4. FEI Number 91-1884526	Applied For Not Applicable
Zip	Country	Zip	Country	y 	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of C	Surrent Registered Agent		Name	7. Name and Address of New Re	egistered Agent
CANTWELL, RONALD					ss (P.O. Box Number is Not Acceptable)	:
1717 N. BAYSHORE DR. #2331					(·
MIAMI FL 33132-1160			-	City Zip Code		FL Zip Code
The above named entity submits this statement for the purpose of changing its registered				office or regis	stered agent, or both, in the State of Flor	<u> </u>
SIGNATURE						
9. Capital Contributions \$ 10. Amount of Capital Contributions \$ 11. MAKE CHECK PAYABLE TO DEPT. OF STATE						
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 I 13. ADDRESS CHANGES ONLY						
DOCUMENT #	F98000001696	ARTNER INFORMATION	13.	T ADDRESS	ADDRESS CHA	INGES ONLY
NAME STREET ADDRESS	ARJAY ENTERPRISES, INC 1717 N. BAYSHORE DR., 4			ST-ZIP	000004:	3682004
CITY-ST-ZIP DOCUMENT #	MIAMI FL 33132-1160		STREET	ADDRESS	-06/06 ****1	\[\]\] \[\] \[\] \
NAME STREET ADDRESS			CITY-S	·	Note to	1
CITY-ST-ZIP DOCUMENT #			STREET	r address	 	
NAME STREET ADDRESS CITY-ST-ZIP			- CITY-S	ST-ZIP		1
DOCUMENT #			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		1
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	, ,	
DOCUMENT # NAME			STREET	F ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		
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: SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER Dais (350) Define Phone &						
					(3	145J 37796/3