2000	UNIFO	RM BUSI	NESS REP	ORT	(ŲBI	R).					
DOCU	MENT #	B9800	0000230	ŧ			,	Eu ci	٦.		
BLUE CORAL-SLICK 50, LTD.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
1 is			A 4 a 10					0 JUN 14 P		•	
Principal Place of Business Mailing Address  1385 WEST 2200 SOUTH 1385 WEST 2200 SOUTH							Ū	o con 14 L	Π Z: 46		
SALT LAKE CITY UT 84119 SALT LAKE CITY UT 841				4119-1469		Ì					
						İ					
2. Principal P	lace of Business	<u></u>	3. Mailing Address				<b>נונננו</b> ו ו	), 1818 18181 18))) 88))I 88)	))		<b>080</b> 11151 <b>00</b> 11 3 <b>00</b> 5
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State		-2	4. FEI Numbe	31-1531519			Applied For Not Applicable	
Zip Country		Zip C		itry	5. Certificate of Status Desired See Requ						
	6. Name and	Address of Current F	Registered Agent		≅Name∷		7. Name and	Address of New Ro		gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street A	eet Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324						,					
					City	<del></del>			FL	Zip C	ode
8. The above	named entity sub	mits this statement for	the purpose of changing	its register	ed office or	r registere	d agent, or bot	h, in the State of Flor	rida.	~,	~
SIGNATURE .		ted name of registered agent a	<del> </del>			ure required (	vhen reinstating)		DATE		
9. Capital Contributions as Shown on record. \$0.00			<ol> <li>Amount of Capital Contributions in FLORIDA to date.</li> </ol>			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
<del></del>	NOTE: G	ERAL PARTNER T neral Partners MA	HAT IS A BUSINESS E Y NOT be changed on	NTITY M	UST BE I	REGIST Indiment	ERED AND A	(CTIVE WITH THI d:to change a'ge	S OFFICE. neral parti	ner.	
12.	D000001040	GENERAL PARTNER		13.				ADDRESS CHA	NGES ONL	/	
DOCUMENT# .	BLUE CORAL	INC.	00 338 1	, STRI	EET ADDRESS	700	Milam ————				
STREET ADDRESS 1215 VALLEY BELT ROAD CLEVELAND OH 44131				спу	'-ST•ZIP	Hous	ton, TX	77002-280	6		
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DOCUMENT#	<u> </u>	<u>**                                   </u>		стр	EET ADDRESS	<u></u>	<u></u> <u>-</u> <u></u> <u></u>	*****52	<del>5.25</del>	<del>水水水流</del> -	<del>526.25</del>
NAME STREET ADDRESS					'-ST-ZIP		· <u> </u>		1.25		141.6
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STREET ADORESS	I			0.70		I					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Plorida Statutes. I further certify that the information indicated on this report is true and accordate 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATTRE REGSUSANED Pane Koontz SIGNATURE AND TYPED OR PERFECT NAME OF SIGNING GENERAL PARTNER

713.546.8601

Daytime Phone #