

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000539

1. Entity Name

G2 INVESTMENTS LIMITED PARTNERSHIP

Principal Place of Business

2215 VALRICO FOREST DRIVE
VALRICO FL 33594

Mailing Address

2215 VALRICO FOREST DRIVE
VALRICO FL 33594-3710

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, WAYNE

2215 VALRICO FOREST DRIVE
VALRICO FL 33594

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$10,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

10000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

NOTE: 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 # F98000004857
NAME G2 MANAGEMENT CORPORATION
STREET ADDRESS 3885 S. DECATUR BLVD., STE 2010
CITY-ST-ZIP LAS VEGAS NV 89103

STREET ADDRESS

CITY-ST-ZIP

2215 Valrico Forest Dr
Valrico FL 33594

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Wayne Griffin

4/26

813 685 9727

Date

Daytime Phone #

CF 2E003 (5-99)