DOCUMENT # B990000191 1. Entity Name INTERPRISE TECHNOLOGY PARTNERS, L.P.						D2 FE	FILED 02 FEB 14 PM 2: 49			
1001 BRICKELL BAY DRIVE, 30TH FLOOR			Mailing Address 1001 BRICKELL BAY DRIVE, 30TH FLOOR MIAMI FL 33131			SECRE TALLA	ETARY OF STATE HASSEE, FLORIDA			
2. Principal P	Mailing Address	lailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State			City & State			4. FEI Number	4. FEI Number 51-0387234 Applied Fo. Not Applied		ole	
Zip	Zip Country		Zip Cour		ntry	5. Certificate of	f Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registe						ddress of New Registered	Agent			
MILLER, EDMUND R					Name					
1001 BRICKELL BAY DRIVE, 30TH FLOOR					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131										
					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	f applicable.				DATE			
9. Capital Contributions as Shown on record. \$110,000,000.00 in FLORIDA to date					126,5	379.000	11. MAKE CHECK PAYABL SEE REVERSE SIDE FO			
	A GENERAL PARTN NOTE: General Partner	ER THAT	IS A BUSINESS EN	TITY N	UST BE REC	SISTERED AND AC	TIVE WITH THIS OFFICE	E.		
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION							ADDRESS CHANGES ON		٦,	
DOCUMENT # NAME	B9900000190 MILLER TECHNOLOGY MANAGEMENT, L.P. 1001 BRICKELL BAY DRIVE, 30TH FLOOR MIAMI FL 33131			STRI	EET ADDRESS				CR25C03 (9/01)	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP				SECO	
DOCUMENT # NAME				STRI	EET ADDRESS				£	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP		<u></u>			
DOCUMENT #			٠	STRE	EET ADDRESS	30	10004991 -02/22/020	3236 1058013-		
STREET ADDRESS City-St-Zip				CITY	-ST-ZIP		****526.25	****526.25		
DOCUMENT # NAME				STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME		-		STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMEN NAME				STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				ÇITY	-ST-ZIP					
14. I hereby c	ertify that the information supplied on this report is true and accurate	d with this fil	ing does not qualify for	the exe	mption stated in	Section 119.07(3)(i),	Florida Statutes, I further ce	tify that the information	أ ــــ	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: .

STAPLE CHECK HERE

SONSILE DEQUIRED

DANTINE OF THE OFFICE OFFI

2/12/02 Date

Daytime Phone #