

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000403**

1. Entity Name
IRBIS INTERNATIONAL FUND LLC

FILED
00 APR -3 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 1591 EAST ATLANTIC BLVD., SUITE 200, POMPANO BEACH FL 33060
Mailing Address: 1591 EAST ATLANTIC BLVD., SUITE 200, POMPANO BEACH FL 33060-6748

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE
4. FEI Number: **NOT APPLICABLE** Applied For: Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
INTERNATIONAL COMPANY SERVICES (USA) INC.
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent
Name: **CARLTON MANAGEMENT, INC.**
Street Address (P.O. Box Number is Not Acceptable): **1591 E. Atlantic Blvd., Suite 200**
City: **Pompano Beach** FL Zip Code: **33060**

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: **3/25/00**
Signature, typed or printed name of registered agent and title if applicable.
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE: MGR NAME: DEBROSKEY, HARRY STREET ADDRESS: 1591 EAST ATLANTIC BLVD., SUITE 200 CITY-ST-ZIP: POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: **3/28/2000** Daytime Phone #: **954-943-1498**

CR2E083 (9/99)