2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Michael Oliver MGR Willel Oliver SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

						•	•		
DOCUMENT # L9800002077 1. Entity Name 10130 PARTNERS, L.C.					FILED				
						00 JAN 18 PM	2:53		
3201 GRIFFIN	ce of Business ROAD, SUITE 206 RDALE FL 33312	Mailing Address 3201 GRIFFIN ROAD. SUITE 206 FORT LAUDERDALE FL 33077-1238			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
		٠.							
1	Place of Business Coral Springs Dr.	3. Mailing Address P.O. Box 771238							
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	Springs, FL	City & State Coral Springs, FL			4. FEI Number 55-086945APPLIED FOR Applied For Not Applied.				
Zip 33071	Country USA	^{Zip} 33077	Country USA			ficate of Status Desired	;	\$5.00 Add Fee Required	
	6. Name and Address of Current F	Registered Agent	Nom		7. Nam	e and Address of New.R	egistered A	gent	4.5
EMO CORPORATE SERVICES, INC.									
100 N.E. THIRD AVENUE, SUITE 1100			Stree	et Address (F	O' Box v	lumber is Not Acceptable)		
FORT LAU	JDERDALE FL 33301								
_			City				FL	Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its	registered offic	e or registere	ed agent,	or both, in the State of Flo	rida.		
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered Agent si	gnature required	when reinstate	ing)	DATE		
	\	EN E NO)W!!! FEE !!	2 \$50 00					
		Make Check Pay		•	State				
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR OLIVER, MICHAEL	Delets	TITLE NAME	MGR	VER.	MICHAEL		X Change	Addition
STREET ADDRESS CITY-ST-ZIP	3201 GRIFFIN ROAD, SUITE 206 FORT LAUDERDALE FL 33312		STREET ADDRE	ss 284·	4 Coi	cal Springs orings, FL	Dr. 33071	Ĺ	
TITLE		☐ Delets	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRE	38					
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NAME			MAME			米米米米	0.00	*****5	0.00
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	85					
MIE		☐ Delete	TITLE	 -				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRE	38					
CITY-ST-ZIP			CITY-8T-2tP						
TITUE_A Name ,	49'	☐ Delate	TITLE NAME					Change	Addition
STREET ADDRESS)	•	STREET ADDRE	88					
CITY-\$\(\bar{c}\) ZIP			CITY-ST-ZIP			1			Addition
TITLE , Name		L. Delete	TITLE NAME					☐ Change	ि भववाव्या
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	88					
indicatéd	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or trustee	hat my signature shall have t	he same legal (effect as if m	ade unde	roath; that I am a manag			

(954)344-5204 Daytime Phone #