

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000699 AT

**DOCUMENT # B01000000259**

1. Entity Name  
**TOPAZ FUND, L.P.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Wag/11*

02 SEP 10 AM 11:30

Principal Place of Business 1111 KANE CONCOURSE, SUITE 404 BAY HRBOR ISLANDS FL 33154	Mailing Address 1111 KANE CONCOURSE, SUITE 404 BAY HRBOR ISLANDS FL 33154
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2. Principal Place of Business <b>1111 KANE CONCOURSE</b>	3. Mailing Address <b>1111 KANE CONCOURSE</b>
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Suite, Apt. #, etc. <b>SUITE 514</b>	Suite, Apt. #, etc. <b>SUITE 514</b>
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**DUE BY SEPTEMBER 25, 2002**

City & State <b>BAY HARBOR ISLANDS FL</b>	City & State <b>BAY HARBOR ISLANDS FL</b>
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4. FEI Number <b>65-1111560</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>33154</b>	Country <b>USA</b>	Zip <b>33154</b>	Country <b>USA</b>
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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**

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 300  
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code <b>FL</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$0.00</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	NAME	STREET ADDRESS	
NAME	<b>CRYSTAL ADVISORS, L.L.C.</b>		<b>1111 KANE CONCOURSE, SUITE 514</b>
STREET ADDRESS	<b>1111 KANE CONCOURSE, SUITE 404</b>	CITY-ST-ZIP	<b>BAY HARBOR ISLANDS, FL 33154</b>
CITY-ST-ZIP	<b>BAY HRBOR ISLANDS FL 33154</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			<b>800007793578--3</b>
STREET ADDRESS			<b>-09/17/02--01015--005</b>
CITY-ST-ZIP			<b>***541.25 ***541.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (4/02)

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 employed to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE: *[Signature]* STEVEN BROD, PRESIDENT**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**CRYSTAL ADVISORS LLC**  
**9/4/02 305 868-1500**  
Date Daytime Phone #