

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000784
 1. Entity Name
 5601 POWERLINE CENTER, LTD.

FILED
 01 APR 23 AM 10:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 C/O JAMIE A. DANBURG C/O JAMIE A. DANBURG
 2700 WEST CYPRESS CREEK ROAD, SUITE D-110 2700 WEST CYPRESS CREEK ROAD, SUITE D-110
 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309



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

4. FEI Number 65-1009056 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 FELUREN, MARK S
 100 S.E. THIRD AVENUE, SUITE 1500
 FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00
 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P00000047428	STREET ADDRESS	
NAME	POWERLINE CENTER, INC.	CITY-ST-ZIP	
STREET ADDRESS	2700 WEST CYPRESS CREEK ROAD, SUITE D-110		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		
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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: Jamie A. Danburg 1-17-01 954-974-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)