

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001866

1. Entity Name
A.D. FISCHER ENTERPRISES, LTD.

FILED
01 APR 23 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10770 N.W. 66th St., Apt. # 303
Miami, 33178

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

4. FEI Number 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
Same

7. Name and Address of New Registered Agent
Name: Fischer, Arthur
Street Address (P.O. Box Number is Not Acceptable): 10770 N.W. 66th St., Apt 303
City: Miami FL Zip Code: 33178

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. 6,000,000

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	
DOCUMENT # NAME	Fischer, Arthur D
STREET ADDRESS CITY-ST-ZIP	Same
DOCUMENT # NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME	
STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004164042
CITY-ST-ZIP	-05/09/01--01011--014 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Arthur D Fischer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/20/01 (305) Daytime Phone #: 592-0076

CRZE003 (11/00)