2002	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR
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<u> </u>	E QIVIE	OUM POSI	MESS NEFT	<b>UNI</b>	(UDN)				
DOCU 1. Entity Nam	MEÑT #	A01000	0001031						
CARR REAL ESTATE VENTURES, LTD.						I	LED		
Principal Plac	e of Business		Mailing Address	•		- no Alig -	-1 AM 11:11		
4000 HOLLYWOOD BLVD. SUITE 485 SO. HOLLYWOOD FL 33021		4000 HOLLYWOOD BLVD. SUITE 485 SO. HOLLYWOOD FL 33021		SECKET!	SECRETARY OF STATE TALLAMASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address					1011 00101 11011 00111 00411 00411 00111 <b>0</b>	1111 OCHON HONG OCHON THION HON HON			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002					
City & Stat	е		City & State	State		4. FEI Numbe	4. FEI Number Applied For Not Applicable		
Zip		Country	Zip	Coun	try	5. Certificate of	of Status Desired	\$8:75 Additional - Fee Required	
	6. Name an	d Address of Current Re	gistered Agent			7. Name and	Address of New Register	ed Agent	
GREEN, MITCHELL F						Street Address (P.O. Box Number is Not Acceptable)			
SUITE 48		ID.					21 8-		
	13 30. OOD FL 3302 <sup>.</sup>	I			(200		131	FL Zip Code 16/	
8. The above	named entity	ubmits this statement for the	ne purpose of changing i	ts registere	ed office or regis	Planni ered agent, or both		- 33161	
SIGNATURE.	Signature, typed or p	rinted name of registered agent and	Town	W	<u>attlew</u>	2	4/2 DAT	8/02	
9. Capital Contributions as Shown on record.  \$10,000.00  10. Amount of Capital C in FLORIDA to date.					butions			BLE TO DEPT. OF STATE FOR FEE INFORMATION	
	A GEI NOTE: G	eneral Partners MAY	NOT be changed on	NTITY M	UST BE REGI ; an amendm	STERED AND A ent must be filed	CTIVE WITH THIS OFF I to change a general	ICE. partner.	
12.	·	GENERAL PARTNER I	NFORMATION	13.			ADDRESS CHANGES	ONLY	
DOCUMENT #	P010000718			STRE	ET ADDRESS				
NAME STREET ADDRESS	1500 NE 13	ESTATE, INC.					mooseos		
CITY-ST-ZIP	NORTH MIA			CITY	-ST-ŻIP	·	-08/06/02		
DOCUMENT # NAME		<u></u>		STRE	EET ADDRESS	<u></u>	****100.00	****180.00	
STREET ADDRESS.				CITY	-ȘT-ZIP				
DOCUMENT #		·			ET ADDRESS		-08/06/02 -08/06/02 ****458.75	01003012 ****458.75	
STREET ADDRESS				CITY	- ST- ZIP		**************************************	**************************************	
DOCUMENT #				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
DOCUMENT #				STRE	ET ADDRESS				
STREET ADDRESS			·	CITY	-ST-ZIP				
DOCUMENT /				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		$\sim$		CITY	-ST-ZIP				
14. I hereby of indicated the receive	certify that the into on this report is	formation supplied with the	is filing does not qualify for at my signature shall have enort as required by Cha	or the exer	mption stated in the legal effect as it	Section 119.07(3)(i) made under oath;	, Florida Statutes. I further that I am a General Partner	certify that the information of the limited partnership or	

SIGNATURE: / SIGNATURE DE PRINTED NAME OF SIGNING GENER, PARTNER

4/25/02 305-889-9006
Date Daylime Phone \*

CR2E003 (9/01)