

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A12045**

1. Entity Name
4000 ISLAND BOULEVARD ASSOCIATES, LTD.

Principal Place of Business
**7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160**

Mailing Address
**7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160**

FILED
01 JUL 19 PM 3:04
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2371827		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160				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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
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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 #	F93000004584	STREET ADDRESS	
NAME	4000 HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	4000 ISLAND BOULEVARD		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		
DOCUMENT #	F57490	STREET ADDRESS	
NAME	4000 ISLAND BLVD., INC.	CITY-ST-ZIP	8000004494458--7 -07/24/01--01099--017 *****541.25 *****541.25
STREET ADDRESS	4000 ISLAND BLVD.		
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160		
DOCUMENT #	Adm 400.00	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	Ar 52.50	STREET ADDRESS	
NAME		CITY-ST-ZIP	8000004494458--7 -07/24/01--01099--018 *****8.75 *****8.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	Ar sup 88.75	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	Cus 8.75	STREET ADDRESS	BK
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	550.00	STREET ADDRESS	
NAME		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: *[Signature]* **SIGNATURE REQUIRED**

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CR2E003 (5/01)