APPRUVL

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15288 1. Entity Name					AND FILED			
101 NORTH MONROE STREET, LTD.					02 APR 25 PM 2: 13			
Principal Place of Business Mailing Address C/O THE ALLEN MORRIS COMPANY C/O THE ALLEN MORRIS				,,	SECRETARY OF STATE, TALE AHASSEE, FLORIDA			
C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE. SUITE 300 MIAMI FL 33131 C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE. SUITE MIAMI FL 33131								
Principal Place of Business 3. Mailing Address			· · ·					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002			
City & State		City & State	City & State		4. FEI Number	59-2327473	Applied For	
Zip	Country	Zip Coun		try	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7Name and A	ddress of New Registered		
MORRIS, W. ALLEN				Street Address (P.O. Box Number is Not Acceptable)				
% THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., SUITE 1200				Sireet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131				City	ity FL Zip Code			
8. The above	e named entity submits this statement fo	registere	d office or registere	ed agent, or both,	- -	•		
SIGNATI IRE								
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$1,000.00 10. Amount of Capital Contributions						11. MAKÉ CHECK PAYABL	TO DEPT. OF STATE	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST					ERED AND AC	SEE REVERSE SIDE FO	R FEE INFORMATION	
NOTE: General Partners MAY NOT be changed on the form; an amendment 12. GENERAL PARTNER INFORMATION 13.						t must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT #	P16775 HAMMOND VENTURE, INC.			T ADDRESS		ADDITESS OF ANALS ON		
STREET ADDRESS CITY-ST-ZIP	1000 BRICKELL AVE.#300		CITY-	ST-ZIP				
DOCUMENT #				T ADDRESS	6000054516467 -05/03/0201111022			
STREET ADDRESS CITY-ST-ZIP			CITY-S	IY-ST-ZIP		-05/03/02i ****141.25	-05/03/0201111022 ****141.25 ****141.25	
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STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	<u> </u>			
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DOCUMENT # NAME			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S		₩			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4 22 02 305 - 358-1000

Davtime Phone

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CR2E003 (9/01)