2000 UNIFORM BUSINESS REPORT (UBR) A16168 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS JIGS INVESTMENTS, LTD. INVAINING Address 00 FEB 24 AM 9: 47 Principal Place of Business Mailing Address 11 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-7323 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2304317 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAWITZ, STEPHEN Street Address (P.O. Box Number is Not Acceptable) -227 BISCAYNE STREET Shinaton MIAMI BEACH FL 33139 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$588,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS BASS, JOANN WASHINGTON NAME 227 BISCAYNE ST. STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-ZIP DOCUMENT# STREET ADDRESS SAWITZ; IRWIN NAME " 227 BISCAYNE ST. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP DOCUMENT # STREET ADDRESS WEISS, GRACE NAME 227 BISCAYNE ST. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP <del>0003161765</del> -03/08/00--01022--002 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP 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 improvement to execute this report as required by Chapter 620, Florida Statutes 2/16/00 (305)673036 SIGNATURE: