

2001 UNIFORM BUSINESS REPORT (UBR)

0004454 AF

DOCUMENT # A16168
 1. Entity Name
JIGS INVESTMENTS, LTD.

FILED
 01 MAY -1 PM 6:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
11 WASHINGTON AVENUE **11 WASHINGTON AVENUE**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**

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

4. FEI Number Applied For
59-2304317 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAWITZ, STEPHEN
11 WASHINGTON AVE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 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, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$588,000.00** 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 #	L00000007796
NAME	JIGS HOLDINGS, LLC
STREET ADDRESS	11 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH FL 33139
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	300004220893-1 -05/16/01--01119--024 ****526.25 ****526.25
STREET ADDRESS	<i>h/n</i>
CITY-ST-ZIP	<i>5/15</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **MANAGER OF GENERAL PARTNER JIGS HOLDINGS LLC** **4/24/01** **(305) 673 0365**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)