

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17144

1. Entity Name
TAFT PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:53

Principal Place of Business	Mailing Address
1630 North 64th Avenue Hollywood, FL 33024	1630 North 64th Avenue Hollywood, FL 33024

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2407984 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABLE, MICHAEL P.
4000 Hollywood Boulevard, Suite 735 South
Hollywood, FL 33021-6755

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,428,393.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME Gable, David
STREET ADDRESS 1630 N. 64th Avenue
CITY-ST-ZIP Hollywood, FL 33024

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME Gable, Janet
STREET ADDRESS 1630 N. 64th Avenue
CITY-ST-ZIP Hollywood, FL 33024

STREET ADDRESS
CITY-ST-ZIP

800003161538--0
-03/08/00--01015--006
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 the information 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: *David Gable* **David Gable**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/00 **954-966-9213**
Date Daytime Phone #

CR2E003 (9/99)

**SIGN
HERE**