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2001 UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
CONTRACTOR II			

	<u>*</u>				_	ç	
DOCUMENT # A18992  1. Entity Name				mf	ت		
FLAGLER STATION MALL, LTD.			FILED U				
Principal Place of Business * Mailing Address			01 MAR 19 AM 7: 54				
48 EAST FLAGLER STREET PH-105 48 EAST FLAGLER STREET PI MIAMI FL 33131 MIAMI FL 33131		ET PH-105	;	SECRETARY OF STATE TALLAHASSEE FLORIDA	<b>a</b> n		
2. Principal Place of Business 3. Mailing Address				- -			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City & State				4. FEI Number Applied F 59-2466810 Not Applie			
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
FRANKI IN	& MARBIN, P.A.		ئ <del>ىنىنىنى</del> ت	Street Address (P.O. Box Number is Not Acceptable)			
48 EAST FLAGLER STREET P.H. 104			Street Address (	F.O. Box Number is Not Acceptable)			
MIAMI FL	33131						
				City	FL Zip Code		
SIGNATURE	Signature, typed or printed name of registered agent		TE: Registere	d Agent signature required	ed agent, or both, in the State of Florida.    when reinstating)   DATE	-	
as Shown	on record. \$3,601,689.03  A GENERAL PARTNER I	in FLORIDA to	date. NTITY M	UST BE REGIST	SEE REVERSE SIDE FOR FEE INFORMATION FERED AND ACTIVE WITH THIS OFFICE.		
12.	NOTE: General Partners MA GENERAL PARTNER		tne form	; an amendmen	t must be filed to change a general partner.  ADDRESS CHANGES ONLY		
DOCUMENT # ,			STRE	ET ADDRESS	•		
NAME STREET ADDRESS CITY-ST-ZIP	DOWNTOWN REALTY INVSTMNT 48 EAST FLAGLER STREET		CITY	-ST-ZIP	-	- 1	
DOCUMENT #	MIAMI_FL_33131		STRE	EET ADDRESS	300003891053- -03/21/0101098008	<b>Z</b> §	
STREET ADDRESS CIFY-ST-ZIP			CITY	-ST-ZIP	****526.25 *****526.2	5	
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CITY-ST-ZIP  DOCUMENT #			City	-ST-ZIP	•		
NAME			STRE	FT ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY: ST-ZIP				-ST-ZIP			
14. I hereby of indicated the receive	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi	this filing does not qualify for that my signature shall have s report as required by Cha	or the exe e the same pter 620, I	mption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the informati nade under oath; that I am a General Partner of the limited partnersh	on lip or	

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dayline Phone