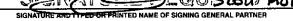
UN	IFOR	M BUSIN	ES:	REPOR	T (UBR)				
DOCUMENT # A28605 1. Entity Name MCCRORY ASSOCIATES, LTD.							FILED 03 JAN 28 PM 1:00			
Principal Place of Business 523 MCHIGAN AVE MIAMI BEACH FL 33139				ailing Address 3 MiCHIGAN AVE AMI BEACH FL 33139	,		SEURETANT OF STATE TALLAHASSFE, FLORIDA			
2. Principal Place of Business				Mailing Address			<u> </u>	i (8 	BIK BIBNI BIBNI BIBNI BIBNI 9781 ECO†	
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State				City & State			4. FEI Number 65-0182863 Applied For Not Applicable			
Zip Country		- -	Zip Coun		ntry	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required		-	
	6 Name	and Address of Curre	nt Regis	tered Agent	<u> </u>	T	7. Name and	Address of New Registe	ered Agent	_
6. Name and Address of Current Registered Agent						Name				
ROBINS, SCOTT				Street Address			s (P.O. Box Number	is Not Acceptable)		_
523 MICHIGAN AVE. MIAMI BCH. FL 33139										
INNERT DO	, , _ 0010	•								
		•				City			FL Zip Code	
8. The above the obligat	named entit tions of regist	y submits this statement ered agent.	for the p	purpose of changing its	s register	ed office or regis	tered agent, or both	in the State of Florida.	I am familiar with, and accep	ιt
SIGNATURE	Signature, typed	or printed name of registered age	ent and title i	if applicable.					DATE	
9. Capital Contributions as Shown on record. \$425,000.00				10. Amount of Capi		ibutions			ABLE TO FL. DEPT. OF STATE DE FOR FEE INFORMATION	:
	Δ	GENERAL PARTNER	THAT	IS A BUSINESS EI	NTITY N	IUST BE REGI	STERED AND A	CTIVE WITH THIS OF	FICE.	
10	NOTE	GENERAL PARTN			tne torm		ent must be filed	to change a genera		
12. DOCUMENT #	L00067	GENERAL PARTIN	EN IINFO	PHIMATION				ADDITION OF AFRICA	B ONE!	
NAME STREET ADDRESS CITY-ST-ZIP MCCRORY ASSOCIATES, INC. 523 MICHIGAN AVE MIAMI BEACH FL 33139						EET ADORESS .	·			
						Y-ST-ZIP	60	600010970746		
DOCUMENT #					STR	EET ADDRESS	01/28/	'0301009- - 01	9 **526.25	
STREET ADDRESS CITY-ST-ZIP					CITY	Y-ST-ZIP	****		O. Maria	
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STREET ADDRESS	Ī				0.170	/ OT 7/0			-	

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 2 (Kg) (p \$

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



301-674-0600

CR2E003 (10/02)