

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28863**
 1. Entity Name
ABE GROUP ENTERPRISES LIMITED PARTNERSHIP
~~WE'RE ASSOCIATES, VI LIMITED PARTNERSHIP~~ (name changed effective 12/31/99)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR -1 PM 12:30

Principal Place of Business Mailing Address
 % PAUL GNATT, CPA % PAUL GNATT, CPA
 7101 WISCONSIN AVENUE #1012 7101 WISCONSIN AVENUE #1012
 BETHESDA MD 20814 BETHESDA MD 20814-4805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
3440 Hollywood Blvd
Suite 450
Hollywood, FL
33021 USA

4. FEI Number **52-1666119** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRAND, LEONARD ESQ.
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD FL 33021

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$270,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **30.00** 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 #	P98000028694
NAME	ABE GROUP ENTERPRISES, INC.
STREET ADDRESS	3440 HOLLYWOOD BLVD., #450
CITY - ST - ZIP	HOLLYWOOD FL 33021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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CITY - ST - ZIP	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	WJ 3/14/00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	4000003173474--8
CITY - ST - ZIP	-03/17/00--01012--025 *****88.75 *****88.75
STREET ADDRESS	4000003173474--8
CITY - ST - ZIP	-03/17/00--01012--026 *****52.50 *****52.50
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: **ABE GROUP ENTERPRISES, INC**
PGNATT, PAUL President **1/24/00** (954) 989-2889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)