

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001058**
 1. Entity Name
 Principal Place of Business: **1300 Southwest 130th Ave, APT 304, PEBROKE PINES FL 33027-4135**
 Mailing Address: **IMURIEL RD, PORT WASHINGTON, NY 11050**

FILED
 01 MAR 19 AM 7:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
 Country
 3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country
34 BAYVIEW AVE., PORT WASHINGTON, N.Y. 11050-4143 NASSAU

DO NOT WRITE IN THIS SPACE
 4. FEI Number **58-2073003**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FOX, BRIAN
 1300 Southwest 130th Ave, APT F304
 PEBROKE PINES FL 33027-4135**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State **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. (NOTE: Registered Agent signature required when reinstating)
 DATE
 9. Capital Contributions as Shown on record **45000.00**
 10. Amount of Capital Contributions in FLORIDA to date **18728.00**
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 #	FOX ALLAN
NAME	1300 Southwest 130 Ave - APT F304
STREET ADDRESS	PEBROKE PINES FL 33027
CITY-ST-ZIP	
DOCUMENT #	FOX, BRIAN
NAME	1300 Southwest 130 Ave, APT F304
STREET ADDRESS	PEBROKE PINES FL 33027
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	
STREET ADDRESS	200003891132--5
CITY-ST-ZIP	03/21/01 - 01101--010
STREET ADDRESS	****219:84 ****219:84
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]** General Partner
 Date: **3/9/01**
 Daytime Phone #

CR2E003 (1/1/00)