2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Katja Janzon, Vice President of

Florida Resort, Inc., General Partner

DOCUMENT # A9500002018 1. Entity Name FLORIDA RESORT MANAGEMENT, LTD.						FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address Miller & Webner, P.A. 100 N. DISCAYNE BLVD.: 213T Ft. MIAMI FL 33132-2304 Miller & Webner, P.A. 100 N. DISCAYNE BLVD.: 21							AR 17 PM			
2. Principal Place of Business C/O Miller & Webner, PA C/O Miller & Suite, Apt. #, etc. 2442 Poinciana Court Suite, Apt. #, etc. P.O. Box 2669				<u> </u>		DO NOT WRITE IN THIS SPACE				
City & State Weston, FL	1	City & State Weston, FL			_	4. FEI Number	65-0649560)	Applied For Not Applicable	
Zip Country 33327 USA		Zip 33326-6947	Country USA			5. Certificate o	f Status Desired		8.75 Additional	
6. Name and Addre		istered Agent				7. Name and A	Address of New R			
MILLER, REBECCA M ESQ. % MILLER & WEBNER, P.A. 100 N: BISCAYNE BLVD., 21ST FL. MIAMI FL 33132				Street Add	dress (F Mil-	ra M. Miller, Esq. ss (P.O. Box Number is Not Acceptable) 1-ler &! Webner, P.A. Poinciana Court FL Zig Code 333327				
8. The above named entity submits the SIGNATURE Signature, typed or printed name	e of registered agent and tri	Pri O Oo (NOTE	Registered	ed office or r	registere	ed agent, or both		3/13/	OD	
9. Capital Contributions as Shown on record. \$9,000,000.00 10. Amount of Capital Contributions in FLORIDA to date.									TO DEPT. OF STATE FEE INFORMATION	
A GENERAL	PARTNER THA	T IS A BUSINESS EN IOT be changed on th	TITY M	UST BE R	EGIST	ERED AND AC	CTIVE WITH THE	S OFFICE.	ner.	
12. GENERAL PARTNER INFORMATION							ADDRESS CHA			
NAME STREET ADDRESS FLORIDA RESORT, % MILLER & WEBN	FLORIDA RESORT, INC. ### WEDNER, P.A., 100 N BISCAYNE			ET ADDRESS ST-ZIP		iami Beach, FL 33139				
CITY-ST-ZIP MIAMI FL 33 132 DOCUMENT#							1			
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	<u>r</u>	JK =	3/17			
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14. I hereby certify that the informatic indicated on this report is true and the receiver or trustee empowere	d accurate and that d to execute this re	t mv signature shall have t	the same er 620, f	e legal effect	t as if ma	ade under oath;	, Florida Statutes. that I am a Genera	Il Partner of th	ne limited partnership or	

Date

Daytime Phone #