

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000778**

1. Entity Name
1233 COLLINS AVENUE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -5 AM 9: 25 *mf*

Principal Place of Business
1330 OCEAN DRIVE, 4TH FLOOR
MIAMI BEACH FL 33139

Mailing Address
C/O ISLAND TRADING
4 COLUMBUS CIRCLE, 5TH FLOOR
NEW YORK NY 10019-1100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3916674		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record \$559,760.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000035660	STREET ADDRESS	
NAME	ISLAND TRADING HOLDINGS, INC.	CITY - ST - ZIP	000003323050--9
STREET ADDRESS	1330 OCEAN DRIVE, 4TH FLOOR		-07/14/00--01040--023
CITY - ST - ZIP	MIAMI BEACH FL 33139	STREET ADDRESS	*****88.75 *****88.75
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	000003323050--9
STREET ADDRESS		CITY - ST - ZIP	-07/14/00--01040--024
CITY - ST - ZIP		STREET ADDRESS	*****437.50 *****437.50
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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]* **REQUIRED** 1/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

XOL 11

CR2E003 (9/99)