

2001 UNIFORM BUSINESS REPORT (UBR)

000001 A1

DOCUMENT # A96000000778

1. Entity Name
1233 COLLINS AVENUE, LTD.

FILED

01 AUG -7 PM 12:17

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address
c/o ISLAND TRADING

Suite, Apt. #, etc.

Suite, Apt. #, etc.
601 WEST 26TH ST 11TH FL

DUE BY SEPTEMBER 26, 2001

City & State

City & State
NEW YORK, NY

4. FEI Number 13-3916674

Applied For
Not Applicable

Zip

Country

Zip
10001

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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

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 #	P98000035660
NAME	ISLAND TRADING HOLDINGS, INC.
STREET ADDRESS	1330 OCEAN DRIVE, 4TH FLOOR
CITY-ST-ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
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	500004534995-3
CITY-ST-ZIP	08/15/01 01015-000 ***926.25 ***926.25
STREET ADDRESS	
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 REQUIRED**

7/31/01

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CFR2E003 (5/01)