

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000002089**

FILED

1. Entity Name  
**BUSCH DRIVE, LTD.**

00 JAN 27 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business % THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131	Mailing Address % THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131-3014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0715317</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>DAVIS, BILL G</b> 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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. <b>\$1,000.00</b>	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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P16775 HAMMOND VENTURE, INC. 1000 BRICKELL AVENUE, SUITE #300 MIAMI FL 33131</b>	STREET ADDRESS	
		CITY - ST - ZIP	<b>300003119138--9 -02/01/00--01112--017 ***141.25 ***141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		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)(l), 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: Bill G. Davis **FILED** 1-21-2000 (305) 358-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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(666) 1 20 11 11