

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001657

1. Entity Name
RAR ENTREPRENEURIAL FUND, LTD.

Principal Place of Business
**4675 S.W. 74TH STREET
MIAMI FL 33143**

Mailing Address
**4675 S.W. 74TH STREET
MIAMI FL 33143-6271**

FILED
00 MAY 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4840 SW 80th St.
Suite, Apt. #, etc.

City & State
Miami FL

Zip
33143

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**OASIS, RUSSELL
4840 S.W. 80TH STREET
MIAMI FL 33143**

4. FEI Number **65-0769924**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. **\$8,000,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P95000062629	NAME TAMIAMI TOWER CORP.	STREET ADDRESS	288883290152--0
STREET ADDRESS 4675 S.W. 74TH STREET	CITY - ST - ZIP MIAMI FL 33143	CITY - ST - ZIP	-06/15/00--01004--009
DOCUMENT #	NAME	STREET ADDRESS	****437.50 ****437.50
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	200003290152--0
DOCUMENT #	NAME	STREET ADDRESS	-06/15/00--01004--010
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	****88.75 ****88.75
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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]* **SIGNATURE REQUIRED** 3/31/00 305 667-6800

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