2001 UNIFORM BUSINESS REPORT (UBR)

0003584 AF

DOCUMENT # A97000002263

1. Entity Name

BREAD PARTNERS, LTD.

FILED
01 FEB 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
711 N.W. 72ND AVENUE MIAMI FL 33126	711 N.W. 72ND AVENUE MIAMI FL 33126
CORRECTION	CORRECTION:
2. Principal Place of Business 777 NW 72nd Ave	3. Mailing Address 777 NW 72nd Ave
Suite, Apt. #, etc. #3K20	Suite, Apt. #, etc. #3K20
City & State Miami, FL	City & State Miami, FL
Zip 33126 / Country USA	Zip 33126 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~65-0797104~~ APPLIED FOR — [X] Applied For [ ] Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANGUM, CHRISTOPHER D 6100 DEACON DRIVE WINDERMERE FL 34786	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

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 #	P00000102401	STREET ADDRESS	
NAME	BREAD PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	777 N.W. 72ND AVENUE		
CITY-ST-ZIP	MIAMI FL 33326		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800003745828--0 -02/21/01--01096--023 ****141.25 ****141.25
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NAME		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 — 1/22/01 — (305) 2612900 x112

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

CR2E003 (11/00)