

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **A97000002540**

1. Entity Name  
**THE 9600 LIMITED PARTNERSHIP**

00 APR 11 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*nf*

Principal Place of Business  
**9600 NORTHWEST 38TH STREET, #300  
MIAMI FL 33178**

Mailing Address  
**9600 NORTHWEST 38TH STREET, #300  
MIAMI FL 33178-2374**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0778684</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>THE 9600 CORPORATION</b> <b>9600 NORTHWEST 38TH STREET, #300</b> <b>MIAMI FL 33178</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$414,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>112,529.00</b>	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>P97000063357</b> <b>THE 9600 CORPORATION</b> <b>9600 NORTHWEST 38TH STREET</b> <b>MIAMI FL 33178</b>	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	<b>200003219822--6</b>
		STREET ADDRESS	<b>-04/24/00--01033--013</b>
		CITY - ST - ZIP	<b>***526.25 ***526.25</b>
		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]* **DAVID STASBY** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_