

2000 UNIFORM BUSINESS REPORT (UBR)

0005124 AI

DOCUMENT # A97000002636
 1. Entity Name
DORNBUSCH FAMILY LIMITED PARTNERSHIP

FILED
 00 APR -6 AM 11:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 21150 POINTE PLACE, APT. 1903, AVENTURA FL 33180
 Mailing Address: 21150 POINTE PLACE, APT. 1903, AVENTURA FL 33180-4039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **65-0790832**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DORNBUSCH, JAIME
 21150 POINTE PLACE, APT. 1903
 AVENTURA FL 33180

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: **\$7,004,799.00**
 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 #	P97000093571
NAME	JKNM INVESTMENTS, INC.
STREET ADDRESS	21150 POINTE PLACE, APT. 1903
CITY - ST - ZIP	AVENTURA FL 33180
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	400003217814--3
CITY - ST - ZIP	-04/20/00--01115--014 *****526.25 *****526.25
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)* **JAIME DORNBUSCH** 4/2/2000 (305) 621-3551
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PRES. G.P. Date Daytime Phone #