

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A98000001760**

1. Entity Name

JUBILEE COURTYARDS ASSOCIATES, LTD.

00 MAR 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/12



Principal Place of Business
2937 S.W. 27TH AVENUE, SUITE 303
MIAMI FL 33133

Mailing Address
2937 S.W. 27TH AVENUE, SUITE 303
MIAMI FL 33133-3772

DO NOT WRITE IN THIS SPACE

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

4. FEI Number	65-0852105	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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.	\$2,858,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000064798	STREET ADDRESS	
NAME	TCG JUBILEE, INC.	CITY - ST - ZIP	
STREET ADDRESS	2937 S.W. 27TH AVENUE, SUITE 303		
CITY - ST - ZIP	MIAMI FL 33133		
DOCUMENT #	N98000004040	STREET ADDRESS	
NAME	JUBILEE/COURTYARDS, INC.	CITY - ST - ZIP	
STREET ADDRESS	2828 CORAL WAY, SUITE 303		500003212805--5
CITY - ST - ZIP	MIAMI FL 33145		-04/18/00--01048--009
DOCUMENT #		STREET ADDRESS	****526.50 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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]* **SIGNATURE REQUIRED** LLOYD J. BOGGIO 3/3/00 305 476-8118

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

CR2E003 (9/99)