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2001	UNIFO	RM BUŚIN	IESS REPO	RT	(UBR)	,	0004421
DOCU 1. Entity Nam	MENT #	A98000	002272				₽1 AF
THE BEA	ir on jog, Ltd.					FILED	
Principal Plac	e of Business		Mailing Address			01 APR 23 PM 12: 40	
2601 BISCAYN MIAMI FL 3313			2601 BISCAYNE BLVD MIAMI FL 33137			SECRETARY OF STATE TALLAHASSEE, FLORIDA	1 <b>00%</b> 1641 3 <b>0</b> 06
Principal Place of Business     Address     Address			· •••				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State City & State				65-0869221	Applied For Not Applicable		
Zip	Co	untry	Zip	Coun	try	5. Certificate of Status Desired   \$8.75 Acres Fee Required	
	6. Name and	Address of Current Reg	istered Agent		Name	7. Name and Address of New Registered Agent	
RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL							
				City	, FL SZip Code		
	named entity subm	nits this statement for the	e purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florida.	
SIGNATURE .		d name of registered agent and til			Agent signature required		DE PTATE
9. Capital Co as Shown o	on record.	\$10,000.00	10. Amount of Capita in FLORIDA to da	ite.		11. MAKE CHECK PAYABLE TO DEPT. O SEE REVERSE SIDE FOR FEE INFO	
	A GENE NOTE: Gen	RAL PARTNER THA eral Partners MAY N	T IS A BUSINESS ENT IOT be changed on th	FITY M e form	UST BE REGIST ; an amendmen	ERED AND ACTIVE WITH THIS OFFICE.  t must be filed to change a general partner.	
12.	l''	GENERAL PARTNER IN	FORMATION	13.		ADDRESS CHANGES ONLY	
	P98000084039 THE BEAR ON 3065 SAINT JAM	MES DRIVE	:		ET ADDRESS - ST-ZIP		5003 (11/00)
DOCUMENT #	BOCA RATON F	<u>L 33434</u>		STRE	ET ADDRESS	000004190630 -05/09/0101068	GR2E003
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	****158.75 ****1	<del>508</del> 58.75	
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DOCUMENT <b>#</b> NAME	•	-	,	STRE	ET ADDRESS		
CITY-ST-ZIP .			<u></u>	-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							
SIGNAT	URE:	GNATURE AND TYPED OR PRIN	TED NAME OF SIGNING GENERA	L PARTINE	Caster Of Berro	3/22/01 Date Daytime Phone #	