

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000215

1. Entity Name

9191 SOUTH DIXIE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 BAY COLONY LANE
FORT LAUDERDALE FL 33308

Mailing Address
100 BAY COLONY LANE
FORT LAUDERDALE FL 33308

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0753607** 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

BERGER, JAMES L ESQ.
C/O BERGER DAVIS & SINGERMAN PROF. ASSOC.
100 N.E. 3RD AVENUE, SUITE 400
FORT LAUDERDALE FL 33301

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00** 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

13. ADDRESS CHANGES ONLY

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---------------------------------|--------------------------|--|
| DOCUMENT # | F97000002376 | STREET ADDRESS | |
| NAME | 9191 SOUTH DIXIE, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 100 BAY COLONY LANE | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |

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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: *[Handwritten Signature]* REGAVLA SUE LEVIN 09.06.00
Date _____ Daytime Phone # **(954) 491-6150**

CR2E003 (5/00)