2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # B9900000093 1. Entity Name								
FBEC BRICKELL KEY CENTRE, LP. COUT VOISION, L.P.						FILED		
Principal Place of Business Mailing Address					01 APR -9 PM 5: 00			
200 E. RANDOLPH. STE. 4322 200 E. RANDOLPH. STE. 4322								
CHICAGO IL 60601 CHICAGO IL 60601					3t	SECRETARY OF STATE TALLAHASSEF, FLORIDA		
						HIL TOTAL TRUTH PRINT BRITH BRITH BRITH	Ca nna Ca nna Canna (Can a Ann) (Ca n	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number	36-4274328	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
0.7.0005	Nan							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
				City	FL Zip Code			
8. The above	e named entity submits this statement f	or the purpose of changing its	register	ed office or regist	ered agent, or both	, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered, agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 10. Armount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT, OF STATE								
as Shown	V 11 100-1100 1	- in FLORIDA to da	ate. 🖊	29,7a4,9		SEE REVERSE SIDE FO	OR FEE INFORMATION	
	NOTE: General Partners M	IUST BE REGIS 1; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT # NAME	BRICKELL KEY CENTRE - FBEC, L.L.C. 501 BRICKELL KEY DRIVE, SUITE 600			EET AODRESS				
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CITY-ST-ZIP			CITY	-ST-ZIP	#62			
DOCUMENT # NAME			STRE	ET ADDRESS		<i></i>		
STREET ADDRESS CITY-ST-ZIP				-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 of execute this report is required by Chapter 620, Florida Statutes. I CE PCSI DENT & TYCO SUYCY OF LOVIDA OFFICE PROPERTY GOTTON OF BRICKELL KOY CONTYC —								

3/20/01 Date