

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000257**

1. Entity Name

**AMERICANO BEACH RESORT LIMITED PARTNERSHIP**

FILED

00 JAN 24 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1260 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118</b>	Mailing Address <b>1260 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118-3631</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3300298</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MADORSKY, MARSHA G 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. Capital Contributions as Shown on record. <b>\$7,000,000.00</b>	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 # <b>P95000013991</b>	NAME <b>ABR OF DAYTONA, INC.</b>	STREET ADDRESS <b>C/O 2665 SOUTH BAYSHORE DIVEVE</b>	CITY - ST - ZIP <b>MIAMI FL 33133</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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**-02/01/00--01053--007**  
**\*\*\*535.00=\*\*\*535.00**

*[Handwritten Signature]*

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Handwritten Signature]* General Manager 1/14/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date (904) 253-2431  
F&T 2950