2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # . L98000003242						APPROVED				
						AND FILED	•			
1. Entity Name FTU CLEARWATER L.L.C.						-	_			=
TTO OLL						00 MAR 30 PM 12	2: 33			
Principal Plac	ee of Business	Mailing Address			-	SECRETARY OF S FALLAHASSEE, FLI	TATE	•		
9000 S.W. 152ND STREET. SUITE 106 9000 S.W. 152ND STREET				106						
MIAM! FL 331	157	MIAMI FL 33157-	1941				4//			
					_					
2. Principal P	Place of Business	3. Mailing Addres				CINEMAN AND THE PRINCE AND ADDITIONAL PRINCE OF THE VIEW PRINCE OF THE P				
Suite, Apt.	#, etc.	Suite, Apt. #, et	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			4. FEI Number Applied For Not Applied For Not Applicable				
Zip Country		Zip	Zip Coun		- 5. Certificate of Status Desired - \$5.00 Addi			1		
	6. Name and Address of Cur	rent Registered Agent	L			e and Address of New Regis				_
KUDIT D	Name	me								
Kubit, Donald e esq. 100 s.e. 2nd street, 17th floor				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33131				_	· .				
			City			FL Zip Code				
8. The above	named entity submits this stateme	ent for the purpose of char	nging its register	ed office or regis	tered agent,	or both, in the State of Florida	l.			
SIGNATURE .	Signature, typed or printed name of registered	anget and fills if applicable	(NOTE: Popietoro	d Agent signature requ	irad when reinstati		DATE			
-	Signature, typed or printed name or registered		·				DATE			-
				FEE IS \$50.06 o Department						
9.	MANAGING M	EMBERS/MEMBERS	10.			ADDITIONS/CH	ANGES		·	}
TITLE	MGR	Dei	ete rm.	£				Change	Addition	(66/6
NAME STREET ADDRESS	JAPPAH MANAGEMENT L.L. 9000 S.W. 152ND STREET,		NAM Stri	IE EET ADDRESS			,			083 (9/99)
CITY-ST-ZIP	MIAMI FL 33157			/- \$T- ZIP		,		Change		CRZEC
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ШЕ	,	□ Del						Change	Addition	7
NAME STREET ADDRESS			NAM Stri	EET ADDRESS					`	
CITY-ST-ZIP				r-\$T-ZIP				Change	Addition	-
MAME!			NAM	IE .				[—] #s	·	
STREET ADDRESS CETY-ST-ZEP	·.		1	EET ADDRESS (- \$1- ZIP						
indicated	certify that the information supplied on this report is true and accurate	and that my signature sh	all have the same	e legal effect as i	if made unde	r oath; that I am a managing	ther certify member o	that the in or manage	formation r of the	
limited lia	ability company or the receiver or tr	ustee empowered to exec	cute this report as	s required by Cha	apter 608, Flo	orida Statutes.		-		
SIGNAT	URE:	CLE PA		FSec.		3.24.00 =	305	278	840	4
	SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING N	AANAGING MEMBER		_	Date	Dayti	me Phone #]
	,		イベンシャ	ei.						