2000 U	NIFORM	<b>BUSINESS</b>	REPORT	(UBR
	<del></del>			

1. Entity Name

PLAYA DEL SOL, LTD.

Principal Place of Business

404 WASHINGTON STREET, SUITE 120 MIAMI BEACH FL 33139

Mailing Address

404 WASHINGTON STREET. SUITE 120 MIAMI BEACH FL 33139-6651

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

City & State		City & State		4. FEI Number 65-0373	4. FEI Number 65-0373061 Applied For	
		1		050513	W1	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desire		8.75 Additional ee Required
	. Name and Address of Cur	rent Registered Agent		7. Name and Address of Na	w Registered A	gent
t THREATT, ROBERT R 404 WASHINGTON STREET, SUITE 120 MIAMI BEACH FL 33139		Stree c/c	e .an A Hart  t Address (P.O. Box Number is Not Accept Thomson Muraro Razook SE 3rd Avenue 17th F1		P.A.	
			City Mia		FL	Zip Code 33131
8. The above nan	ned entity submits this stateme	ent for the purpose of changir	ng its registered office	e or registered agent, or both, in the State of	of Florida.	

SIGNATURE

9. Capital Contributions

(NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions

as Shown on record. in FLORIDA to date. \$8,008,901.99 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# NAME	P9400007415 PDS OVERSEAS, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	404 WASHINGTON STREET, SUITE 120 MIAMI BEACH FL 33139	CITY-ST-ZIP	
DOCUMENT#		STREET ADORESS	8000032476287 -05/11/0001015025
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	****526.25 ****526.25
DOCUMENT # NAME	No. 19 The State of the State o	STREET ADDRESS	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS CITY+ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	V
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP	A CONTRACT C	CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. Thereby 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

the receiver or trustee empowered to By: PDS OVERS

305 532 **25**19