2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700000557 1. Entity Name						FILER			
SEG BRICKELL INVESTORS, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS				
					00 APR 28 PM 12: 06				
Principal Place of Business -200 SOUTH PARK ROAD #200 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-8541				X					
2. Principal Place of Business 3. Mailing Address			7		(J DD F 0 11 4040 1011			() (8) () (8) (8)	
300 Hollywood Way Suite, Apt. #, etc.		300 Hollywood Way Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Hollywood, Florida		City & State Hollywood, Florida		4. FEI	Number 65	0767346		Applied For Not Applicable	
Zip	Country Zip		Country	5. Cer	tificate of Statu	s Desired XX	\$8.75 Fee Rec	Additional	
33021	USA 6. Name and Address of Current I	33021	USA	7. Nar	ne and Addres	s of New Registe		anco	
			Name Theo	dore R. S	totzer.	Esa.			
PASTERNACK, MARSHALL-TI 1221 BRICKELL AVE., SUITE 2100				Street Address (P.O. Box Number is Not Acceptable) 300 Hollywood Way					
MIAMI FL 33131				поттумоос	ı way				
1717 11711 1 2		City Hol1	lywood, FL Zip Code 33021						
8. The above	named entity submits this statement for	the purpose of changing its re			, or both, in the	State of Florida.			
SIGNATURE Theodore R. Stotzer, Esq. 4/25/00 Signature, typed described part of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. Capital Co		.00.00		MAKE CHECK PAY SEE REVERSE SID					
as Showin	A GENERAL PARTNER T NOTE: General Partners MA	ITY MUST BE	REGISTERED	AND ACTIVE	WITH THIS OF	FICE.			
12.	GENERAL PARTNER		13.			DRESS CHANGES			
DOCUMENT# NAME	P96000018711 HOLLYWOOD, INC. (SEG). 200 SOUTH PARK ROAD, #200	STREET ADORESS	300 Holl	O Hollywood Way					
STREET ADDRESS CITY+ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	Hollywoo						
DOCUMENT # NAME			STREET ADDRESS						
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STREET ADORESS CITY; ST-ZIP			CITY-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 to execute this report as required by Chapter 620, Florida Statutes									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

R2E003 (9/99)

(954) 981-1000