UNIFORM BUSINESS REPORT (UBR)					
DOCU	MENT # A00000	000195		SECRETARY OF STATE IVISION OF CORPORATIONS	
Principal Place of Business 2142 BAY AVENUE MIAMI BEACH FL 33140		Mailing Address 2142 BAY AVENUE MIAMI BEACH FL 33140	<del> </del>	JAN 17 PM 3:59	
2. Principal Place of Business 3.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number 65-0975809 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				_7. Name and Address of New Registered Agent-	
WEINER, GARY			Name		
2142 BAY AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33140					
•			City	FL Zip Code	
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. I am familiar with, and accept the obligations directions agent.					
SIGNATURE Signature, typed or yinted name of registered agent and title if applicable.  DATE					
9. Capital Contributions as Shown on record. \$5,261,355.00 10. Amount of Capital C in FLORIDA to date.				11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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	P00000010640 JEL MANAGEMENT INC		STREET ADDRESS	·	
STREET ADDRESS CITY-ST-ZIP	2142 BAY AVENUE MIAMI BEACH FL		CITY-ST-ZIP	01 <b>/19/83-11021-8</b> 137- <b>31</b> 6.25	
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS City-St-Zip			CITY-ST-ZIP		
DOCUMENT # NAME		n and State on the Contract of	STREET ADDRESS.		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	· · ·	
DOCUMENT # NAME			STREET ADORESS		
STREET ADDRESS CATY-ST-ZIP	<u> </u>	· .	CITY-ST-ZIP		
DOCUMENT /		·	STREET ADDRESS		
STREET ADDRESS 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: