2001	UNIFOR	M BUSINESS	REPORT	(UBR)
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DOCUMENT # A000000296 1. Entity Name										
FLAMINGO MARKETPLACE SHOPPES, LTD.					(FILED				
Principal Place of Business C/O ROSS REALTY INVESTMENTS. INC. C/O ROSS REALTY INVESTMENTS INC. 10021 PINES BLVD SUITE 101 PEMBROKE PINES FL 33024 Mailing Address C/O ROSS REALTY INVESTMENTS INC. 10021 PINES BLVD SUITE 101 PEMBROKE PINES FL 33024			101		Oİ SE TAI	O1 APR 23 AM 10: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3325 S. UNDADUTY OR. 3. Mailing Address 3325 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			HOID OR.			DO NOT WRITE IN THIS SPACE				
City & State	E R.	City & State	ħ	١	4. FEI Numb	er		Applied For Not Applicat	ole	
333 <i>91</i> Sjb	P Country A	3332P	Coynt	FYA-		of Status Desired	Fe	8.75 Additional se Required	╛	
- Probagan I	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent Name						
	LTY INVESTMENTS, INC.	1000		Street Address (P.O. Box Number is Not Acceptable)						
3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR DAVIE FL 33328-2020									\neg	
1				City FL Zip Code						
8. The above	named entity submits this statement for	the purpose of changing its reg	gistere	d office or reg	gistered agent, or bo	th, in the State of Flo	rida.			
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered	Agent signature re	equired when reinstating)		DATE	·		
9. Capital Cor as Shown o		10. Amount of Capital C in FLORIDA to date.		utions				O DEPT. OF STATE FEE INFORMATION		
	A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINESS ENTIT NOT be changed on the i	TY MU form;	IST BE REC	GISTERED AND A	ACTIVE WITH THIS ed to change a ge	S OFFICE. neral partn	er.		
12.	GENERAL PARTNER P00000017174	INFORMATION	13.	1		ADDRESS CHA	NGES ONLY	0 #	- le	
NAME STREET ADDRESS	FLAMINGO MARKETPLACE SHOPPES GP, INC. 10021 PINES BLVD., SUITE 101			T ADDRESS ST-ZIP	3325	C. UM	Janetar 2721	40600	(11/00) E003 (11/00)	
DOCUMENT #	PEMBROKE PINES FL 33024		STREE	T ADDRESS		1 0.0.	<i>, , , , , , , , , , , , , , , , , , , </i>		CR2E	
NAME STREET ADDRESS	•		CITY-:	ST-ZIP			• .		\dashv	
CITY-ST-ZIP DOCUMENT # NAME				T ADDRESS		100004137361- -05/04/0101105013 ****526.25 *****526.				
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STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP						
indicated o	ertify that the information supplied with the on this report is true and accurate and the or trustee empowered to execute this	nat my signature shall have the	same	legal effect a	s if made under oath	(i), Florida Statutes. I n; that I am a Genera	further certify Partner of th	that the information e limited partnership	or	
SIGNAT	ure sygnatu	es az quire			•	4-20-01				
	UNE.	RINTED NAME OF SIGNING GENERAL PA				Date	Dayt	ime Phone #		