

2002 UNIFORM BUSINESS REPORT (UBR)

0001719 AV

DOCUMENT # A00000000350
1. Entity Name C.J.N. PROPERTIES, LTD.

FILED
02 MAY -3 PM 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH FL 33139	Mailing Address 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH FL 33139
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 65-0988050	Applied For Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WASERSTEIN, CARLOS 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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9. Capital Contributions as Shown on record. \$181,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P00000018084	NAME GREATER MIAMI SHOPPING CENTER, INC.	STREET ADDRESS	
STREET ADDRESS 1655 DREXEL AVENUE, SUITE 208		CITY - ST - ZIP	
CITY - ST - ZIP MIAMI BEACH FL 33139			
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*****535.00 *****535.00

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02

Date Daytime Phone #

CR2E003 (9/01)