2001	UNIFO	RM BUSI	NESS REPO	RT (UBI	R)		
DOCU 1. Entity Name	MENT #	A0000	0000953				
TJH, LTD.				i	FILED		
Principal Plac	o of Business		Mailing Address	- 01 r e	EB 26 AM 8: 42		
•	e of Business ST STREET. PH3A		2875 N.E. 191ST STREET.	рнза SECRF1	TARY OF CTATE		
aventura fl	33180		2875 N.E. 191ST STREET. AVENTURA FL 33180	TALLAH	IASSEE FLORIDA		
	Place of Business OLLYWOOD B	.VD	3. Mailing Address 3440 HOLLYWO	OD BLVD	T 1860 BET 1915 MOTEL CONT. BOTH CONT. DATE OF THE CONT. CONT. CONT. CONT. CONT. CONT.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
STE 360			STE 360				
City & State	e VOOD, FL		City & State HOLLYWOOD, FI	J	4. FEI Number Applied Fo		
Zip	Cour	•	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
33021		USA Idress of Current F	33021 Registered Agent	<u>USA</u>	7. Name and Address of New Registered Agent		
باستمات أداره تو				-Name=	MARK E. ROUSSO		
ROUSSO, MARK E ESQ.				Street A	Street Address (P.O. Box Number is Not Acceptable)		
C/O ROTH, ROUSSO & BENJAMIN, P.A.							
2875 N.E.	191ST STREET, F	PH3A			3440 HOLLYWOOD BLVD, STE 360		
AVENTUR/	A FL 33180			City	FL Zip Code		
8. The above	named entity submi	ts this statement for	the purpose of changing its	egistered office o	HOLLYWOOD 33021 or registered agent, or both, in the State of Florida.		
SIGNATURE .	•	// /			2/20/01		
	Signature, typed or printed	name of registered agent ar			ature required when reinstating) DATE	,	
9. Capital Co. as Shown		,500,000.00	10. Amount of Capita in FLORIDA to da		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
					REGISTERED AND ACTIVE WITH THIS OFFICE. endment must be filed to change a general partner.		
12.		ENERAL PARTNER		13.	ADDRESS CHANGES ONLY		
DOCUMENT #	P97000068841			STREET ADDRESS			
NAME	TJH, INC. 2875 N.E. 191ST STREET, PH3A			STREET AUDITESS	3440 HOLLYWOOD, BLVD, STE 360		
STREET ADDRESS CITY-ST-ZIP	2875 N.E. 191ST AVENTURA FL 3:			CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT# NAME				STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	800002795168		
DOCUMENT #	· · · · · · · · · · · · · · · · · · ·	·		- STREET ADDRESS-	8000037951681 -03/02/0101010012		
NAME				STREET ADDRESS	****526.25)	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	·		
DOCUMENT # NAME				STREET ADDRESS			
STREET ADDRESS City-St-Zip				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
STREET ADDRESS City-St-Zip				CITY-ST-ZIP			
DOCUMENT # NAMF				STREET ADDRESS			
STREET ADDRESS				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:

CITY-5T-ZIP

JAMES W. HALL 1-29-01 #5

Date Dayline Phone #