

2001 UNIFORM BUSINESS REPORT (UBR)

0004970 AF

DOCUMENT # A00000001299

1. Entity Name

TRG PEMBROKE ROAD, LTD.

FILED

01 APR 30 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145
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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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4. FEI Number 65-1087111	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHA, ROBERTO S
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145

Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$999.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	P0000078673
NAME	TRG PEMBROKE ROAD, INC.
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE
CITY-ST-ZIP	MIAMI FL 33145

STREET ADDRESS	
CITY-ST-ZIP	400004219764--6 -05/16/01 01050 010
STREET ADDRESS	***150.00 ***150.00
CITY-ST-ZIP	

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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: **ANGEL HERNANDEZ**
VICE - PRESIDENT
Date: 4/25 Daytime Phone #: (305) 460-9900

CR2E003 (11/00)