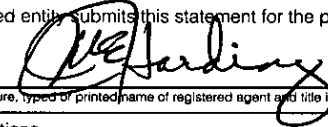
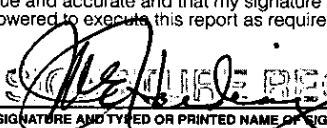


# 2001 UNIFORM BUSINESS REPORT (UBR)

0004219 AF

<b>DOCUMENT #</b> <b>A00000001303</b>					
<b>1. Entity Name</b> HARDING FAMILY INVESTMENTS, LTD.					
<b>Principal Place of Business</b> 2801 PONCE DE LEON BLVD., STE 680 CORAL GABLES FL 33134			<b>Mailing Address</b> 2801 PONCE DE LEON BLVD., STE 680 CORAL GABLES FL 33134		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b>	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> HARDING, MARIA-ELENA B 2801 PONCE DE LEON BLVD., STE 680 CORAL GABLES FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)      DATE:					
<b>9. Capital Contributions as Shown on record.</b> <b>\$990.00</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
	HARDING, JOHN A TRUSTEE		CITY-ST-ZIP		
	8836 NW 151ST TERRACE				
	MIAMI LAKES FL				
DOCUMENT #	NAME		STREET ADDRESS		
	HARDING, MARIA-ELENA A TRUSTEE		CITY-ST-ZIP		
	8836 NW 151ST TERRACE				
	MIAMI LAKES FL				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
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			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
<b>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</b>					
<b>SIGNATURE:</b>  <b>1-9-2001 (305) 447-4103</b>			Date      Daytime Phone #		

CR2E003 (11/00)