

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001491**

1. Entity Name
INTERCOASTAL MANAGEMENT, LTD.

FILED
May 01, 2001 08:00 AM
Secretary of State

Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 601	Mailing Address 16420 COLLINS AVENUE
CORAL GABLES 33134	FL MIAMI BEACH 33160

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Country
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4. FEI Number 65-1048085	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIELDSTONE RONALD R 201 ALHAMBRA CIRCLE, SUITE 601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		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 **MARIO A. ROMINE**

05/01/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. 0.00	10. Amount of Capital Contributions in FLORIDA to date. 0.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	INTERCOASTAL MANAGEMENT, L.L.C. 16420 COLLINS AVENUE MIAMI BEACH FL 33160	STREET ADDRESS CITY-ST-ZIP
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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: **Jeffrey Soffer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mgr 05/01/2001

Date

Daytime Phone #

CR2E003 (11/00)