2002 UN DOCUMEN	IFORM B	USINESS REPOR	T (UBR)			
A.D. FISCHER EI	NTERPRISES, LTD.					
Principal Place of Busin 10770 N.W. 66TH STREI MIAMI FL 33178		Mailing Address 10770 N.W. 66TH STREET. AI MIAMI FL 33178	10770 N.W. 66TH STREET. APT. 303			
2. Principal Place of Bu	siness	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City_&_State	<u> </u>	City.& State				
Zip	Country	Zip	Country			
6. Na	me and Address of	Current Registered Agent				
			Name			
FISCHER, ARTHUI 10770 N.W. 66TH MIAMI FL 33178	r d Street, apt. 303	3	Street Address			
minum i E do i i o			City			
8. The above named en	ntity submits this state	ement for the purpose of changing its reg	I istered office or registe			
SIGNATURE		ered agent and title if applicable.				

APPRUVEI AND FILED

02 FEB 22 PM 3: 46

SECRETARY OF STATE TALE AHASSEE, FLORIDA

DUE BY MAY 1, 2002

City & State			City & State		4. FEI Number	Applied For		
					65–1061710		Not Applicable	
Zip	Co	ountry	Zip	Country	5Certificate of Status Desired		8.75 Additional ee Required	
	6. Name and	Address of Current Regis	tered Agent		7. Name and Address of New Registered Agent			
				Name				
FISCHER, ARTHUR D 10770 N.W. 66TH STREET, APT. 303			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33178			1				
				City		FL	Zip Code	
8. The above	named entity subr	mits this statement for the p	ourpose of changing its	registered office or regis	stered agent, or both, in the State of	Florida.		
*				_				
SIGNATURE _						DATE		
		ed name of registered agent and title		al Out Manager	14. BEAVE CI		TO DEPT. OF STATE	
Capital Cor as Shown or		\$6,000,000.00	10. Amount of Capit in FLORIDA to d	al Contributions . Q			FEE INFORMATION	
	A GENE	RAL PARTNER THAT	IS A BUSINESS EN	ITITY MUST BE REG	ISTERED AND ACTIVE WITH	THIS OFFICE		
	NOTE: Ger	neral Partners MAY N	OT be changed on t	he form; an amendn	nent must be filed to change a	general part	ner.	
12.		GENERAL PARTNER INFO	DRMATION	13.	ADDRESS (CHANGES ONLY	<u></u>	
DOCUMENT #				STREET ADDRESS				
NAME	FISCHER, ART							
STREET ADDRESS				CITY-ST-ZIP	-ST-ZIP			
CITY-ST-ZIP	MIAMI FL 3317	MIAMI FL 33178			- 58009 5	50275	16 55-	
DOCUMENT#	,			STREET ADDRESS	-03/0	1/0201	007021	
NAME STREET ADDRESS	<u> </u>				***	526.25 -	###525.25	
CITY-ST-ZIP].			CITY-ST-ZIP	and the second s	مرارات فمسمت		
DOCUMENT #								
NAME				STREET ADDRESS				
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CITY-ST-ZIP				CITY-ST-ZIP				
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NAME 🙀 STREET ADDRESS							<u> </u>	
CITY-ST-ZIP				CITY-ST-ZIP			}	
14. I hereby o	ertify that the info	rmation supplied with this i	iling does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statute	s. I further certi	y 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

