UN	IFORM BU	USINES	S REPOR	T (1	JBR)					
DOCUMENT # A0200001531 1. Entity Name BEACH CLUB U.S., LTD.						03 MAY -2 PM 2: 13				
Principal Place of Business 1801 PGA BLVD SUITE 508 C/O DARYL CRAMER & ASSOC P.A. PALM BEACH GARDENS FL 33410-2758			Mailing Address 3801 FGA BLVD SUITE 508 C/O DARYL CRAMER & ASSOC P.A. PALM BEACH GARDENS FL 33410-2758							
2. Principal Place of Business			3. Mailing Address			1 100 (81)				11 (88)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number			Applied Not Appl	
Zip Country		2	Zip Cou		75. Certificate of Status Desired		f Status Desired	\$8.75 Additional Fee Required		
	6. Name and Addre	ss of Current Regis	tered Agent	L		7. Name and A	Address of New Rec	gistered A	igent	
DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS FL 33410-2758					Name Street Addres	(P.O. Box Number is Not Acceptable)				
					City FL Zip Code					
the obligati	named entity submits thions of registered agent.			register	ed office or regis	tered agent, or both,	in the State of Floric		amiliar with, and ac	ccept
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. \$6,000,100.00 10. Amount of Capital Contributions in FLORIDA to date.					<u>\$6,4</u>	00,000.00	`	SIDE FOR	R FEE INFORMATIO	
			IS A BUSINESS ENT T be changed on th							
12. GENERAL PARTNER INFORMATION				13.			ADDRESS CHAN	IGES ONL	Υ	
DOCUMENT # NAME	ME BEACH CLUB U.S. GENERAL PARTNER, INC.			STR	EET ADDRESS					
TREET ADDRESS 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS FL 33410-2758			58	CITY	'-ST-ZIP			1 1	<u> </u>	
DOCUMENT # NAME				STR	EET ADDRESS	05/02/	103-01119-	-005	**535.00	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP					
DOCUMENT # NAME			,	STRI	EET ADDRESS					
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	<u> </u>				
DOCUMENT #				STR	EÉT ÁDDRESS					

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIAPLE

Beach Chul U.S. General Partner, Inc.

By S. F. Fabrizio Lucchese

905-882-1212