2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A03680 1. Entity Name					FILED	
T & L PROPERTIES, LTD.				00 JAN 21 PM 12: 44		
Principal Place of Business Mailing Address 9150 S.W. 87TH AVENUE. SUITE 205 9150 S.W. 87TH AVENU MIAMI FL 33176 MIAMI FL 33176-2313				205	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-1542914 Applied For Not Applied	
Zip	Country	Zip	Country		5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		1	7. Name and Address of New Registered Agent	
GREENSTEIN, STEWART A 9150 S.W. 87TH AVENUE, SUITE 205 MIAMI FL 33176				Name Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing	g its register	red office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE	Stanature, typed or printed name of registered agent	and title if applicable.	r A. (Aveen.s.Le	1/8/00 Turied when reinstating) DATE	
9. Capital Co as Shown		10. Amount of Ca		ibutions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS AY NOT be changed o	ENTITY M	IUST BE REGI n; an amendm	SISTERED AND ACTIVE WITH THIS OFFICE.	
12. ,	GENERAL PARTNE	R INFORMATION	13.	•	ADDRESS CHANGES ONLY	
DOCUMENT# NAME	G94208900039 MIAMI MANAGEMENT ASSOC.		STR	KEET ADDRESS	8000031151683 -01/28/0001098016	
STREET ADDRESS CITY - ST - ZIP	9150 S.W. 87TH AVE., #205 MIAMI FL		CITY	Y-ST-ZIP	****526.25 ****526.25 	
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STREET ADDRESS CITY - ST - ZIP *			CITY	Y-ST-23P		
DOCUMENT# NAME			STR	EET ADORESS		
STREET ADORESS CITY-ST-78P			cm	Y-ST-ZIP		
14. I hereby of indicated the received	certify that the information supplied wit I on this report is true and accurate and ver or trustee empowered to execute the	h this filing does not qualif I that my signature shall ha is report as required by C	y for the exe ave the sam hapter 620,	emption stated in le legal effect as i Florida Statutes	n Section 119.07(3)(i), Florida Statutes. I further certify that the informatio if made under oath; that I am a General Partner of the limited partnershi	
SIGNAT	URE SIGNATURE AND TYPED	PRINTED TIAME OF SIGNING GE	IRED) ER	/18 00 (305) 595-1518 Destine Phone #	