2000 UNIFORM BUSINESS REPORT (UBR)

		<u> </u>		<u> </u>	_	
DOCUMENT # A04245 1. Entity Name					,	74
SOUTH DADE WAREHOUSES, LTD.					FILED	
					J 00 J,	N21 PH12:44
Principal Place of Business Mailing Address					1	
=	TH AVENUE. SUITE 205	9150 S.W. 87TH AVENUE. SUITE 205			TALLA	ETARY OF STATE HASSEE, FLORIDA
MIAMI FL 33176-2384 MIAMI FL 33176-2313						
Principal Place of Business 3. Mailing Address					-{	
Suite, Apt.	# oto	Suite Apt # etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Suite, Apt.	π, σις.	Suite, Apr. #, 6tc.		DO NOT WINTE IN THIS OF AGE		
City & State		City & State		4. FEI Number 59-1586063	Applied For Not Applicab	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				<u> </u>	7. Name and Address of New Regis	
			+ ~	Name	en line two to the second	
	EIN, STEWART A		Street Address		(P.O. Box Number is Not Acceptable)	
9150 S.W. 87TH AVENUE, SUITE 200 MIAMI FL 33176-2384						
MIAMI FL	331/6-2384					
				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.						
	All a l	5Te	WOFT	O Great	nedein	1/18/00
SIGNATURE .	Signature, typed or printed name of registered agent a			d Agent signature required		DATE
9. Capital Contributions \$900.00 10. Amount of Capital Contribution in FLORIDA to date.						AYABLE TO DEPT. OF STATE SIDE FOR FEE INFORMATION
-41	A GENERAL PARTNER T	HAT IS A BUSINESS E	NTITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS C at must be filed to change a gene	FFICE.
12.	GENERAL PARTNER		13.		ADDRESS CHANG	
DOCUMENT#	L9900000487		STRE	ET ADDRESS		
NAME STREET ADDRESS	SOUTH DADE WAREHOUSES, L.L.C. ADDRESS 9150 S.W. 87TH AVENUE, SUITE 205				2000031	182221
CITY-ST-ZIP	MIAMI FL 33176	-	CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	001061010
DOCUMENT#	,		STRE	EET ADDRESS	****141	25 ****141.25
NAME STREET ADDRESS						
CITY-ST-ZIP		<u>.</u>	CITY	-ST-ZIP		
DOCUMENT# NAME		and the second second	STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP		
DOCUMENT# NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			СПҮ	-ST-ZIP		
DOCUMENT #			STRI	EET ADDRESS		
STREET ADDRESS			СПУ	-ST-ZIP		
DOCUMENT#			STR	EET ADDRESS		
STREET ABORESS			СПУ	-ST-ZIP		
. CITY-ST-ZIP	portification information and the control of	this filing does not asset to			action 110 07/3/(i) Florido Statutos 14:-	ther certify that the information
14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						
1	OD	- 00			.//	,
SIGNATURE:						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #						