

2001 UNIFORM BUSINESS REPORT (UBR)

0004261 AF

DOCUMENT # A05624 1. Entity Name STUZIN ASSOCIATES, LIMITED						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">01 FEB -2 AM 10:34</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 550 BILTMORE WAY SUITE 700 CORAL GABLES FL 33134			Mailing Address 550 BILTMORE WAY SUITE 700 CORAL GABLES FL 33134				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip		Country	
4. FEI Number 59-1843484						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STUZIN, CHARLES B. 550 BILTMORE WAY-SUITE 700 CORAL GABLES FL 33134				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
9. Capital Contributions as Shown on record. \$6,000.00			10. Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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			
NAME	STUZIN, CHARLES B.			CITY-ST-ZIP			
STREET ADDRESS	550 BILTMORE WAY, SUITE 700						
CITY-ST-ZIP	CORAL GABLES FL 33134						
DOCUMENT #	NAME			STREET ADDRESS			
NAME	STUZIN, JAMES M.			CITY-ST-ZIP			
STREET ADDRESS	550 BILTMORE WAY, SUITE 700						
CITY-ST-ZIP	CORAL GABLES FL 33134						
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NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
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:				CHARLES B. STUZIN			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date 1/29/2001 Daytime Phone #			

CR2E000 (11/00)