2001	UNIFORM	BUSINESS	REPORT	(UBR
				10011

DOCL 1. Entity Na	JMENT	# A083	29		, , , ,	:	The second of th	
	artners, L	TD.	, , , , , , , , , , , , , , , , , , ,			, ž	FILED	
Principal Pla	ece of Busines	s	Mailing Address			0	MAY -2 AM 11: 59	
P.O. BOX 5403 FT.LAUDERDALE FL 33310 P.O. BOX 5403 FT.LAUDERDALE FL 33311)		H i)		-	SECRETARY OF STATE ALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	_	 -		DO NOT WRITE IN THIS SPACE		
City & Sta	ite		City & State			 -	4. FEI Number Applied For Not Applied For Not Applied For	
Zip		Country	Zip	Cou	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Currer	nt Registered Agent	-	Ţ		7. Name and Address of New Registered Agent	
LESTANI A	LAND				Name			
LEVAN, ALAN B 1750 E SUNRISE BLVD				Street Address (P.O. Box Number is Not Acceptable)				
P.O. BOX 5403 FT.LAUDERDALE FL 33310				City		FL Zip Code		
8. The above	e named entity	submits this statement	for the purpose of changing i	ts register	ed office	or register	red agent, or both, in the State of Florida.	
SIGNATURE		- :						
9. Capital Co		or printed name of registered ager	and title if applicable. (NO			ature required	DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	\$896,400.00 ENERAL PARTNER	in FLORIDA to	d ite.		REGIST	SEE REVERSE SIDE FOR FEE INFORMATION FERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE:	General Partners M GENERAL PARTNE	AY NOT be changed on	ti e form	; an am	endmen	t must be filed to change a general partner.	
DOCUMENT /	651479	GENERAL FARING	EN INFONIVATION	13.		.1	ADDRESS CHANGES ONLY	
NAME STREET ADDRESS 1750 E SUNRISE BLVD P.O. BOX 5403			EET ADDRESS ST- ZIP		E003 (1/00)			
CITY-ST-ZIP DOCUMENT #	ft.lauder	DALE FL 33304		-	ET ADDRESS		CR2EO	
NAME STREET ADDRESS				İ	-ST-ZIP			
CITY-ST-ZIP DOCUMENT #						<u> </u>	3000043027132 -05/23/0101032015	
NAME Street address					ET ADDRESS	<u> </u>	****526.25 ****526.25	
CITY-ST-ZIP DOCUMENT #					-ST-ZIP	<u> </u>		
Name Street address					et address	-		
CITY-ST-ZIP DOCUMENT #		, , ş ,		CITY-	-ST-ZIP	<u> </u>		
NAME STREET ADDRESS				STRE	ET ADDRESS			
CITY-ST-ZIP				CITY-	·ST-ZIP			
DOCUMENT # NAME È				STREI	ET ADORESS			
STREET ADDRESS CITY-ST-ZIP	···				ST-ZIP			
			is report as required by Chap		i legal effe Iorida Sta	ect as it ma itutes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	
SIGNATI	URE: _	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENERA	i iye V	ice Pres	sident	4/11/2001	
			GENER		:		Date Daytime Phone #	