2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A08965

1. Entity Name

TRANSFLORIDA PLAZA - PLANTATION, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 11:04

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1725 S. BAYSHORE DR. MIAMI FL 33133-3305	1725 S. BAYSHORE DR. MIAMI FL 33133-3305

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2013701 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVER, BERNARD F P.A.
1725 S. BAYSHORE DRIVE
MIAMI FL 33133-3305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $1,400,000.00

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 #	P92000013051	STREET ADDRESS	
NAME	TRANSFLORIDA PLAZA-PLANTATION G.P., INC.		
STREET ADDRESS	1725 S. BAYSHORE DR.		
CITY-ST-ZIP	MIAMI FL 33133-3305	CITY-ST-ZIP	000003156080--8
DOCUMENT #			-03/03/00--01024--014
NAME		STREET ADDRESS	****535.00 ****535.00
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CITY-ST-ZIP		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 [signature] Bernard F. Silver, Pres. of Gen. Partner 2-16-2000 305-858-2868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)