

2001 UNIFORM BUSINESS REPORT (UBR)

0003496 AF

DOCUMENT #	A09946
1. Entity Name	
ALLAPATTAH NURSERY, LTD.	

Principal Place of Business	Mailing Address
10295 SW 248TH STREET MIAMI FL 33032	10295 SW 248TH STREET MIAMI FL 33032

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

FILED
01 MAR 30 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2046351	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KASKEL, MATTHEW 10295 SW 248TH STREET MIAMI FL 33032

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record.	\$1,320,000.00	10. Amount of Capital Contributions in FLORIDA to date.	1,320,000.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	ROSS, BARRY	CITY-ST-ZIP	
STREET ADDRESS	1900 SW 3RD AVENUE		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
NAME	KASKEL, MATTHEW	CITY-ST-ZIP	
STREET ADDRESS	10295 SW 248TH STREET		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: MATTHEW KASKEL **03/26/01** **305 285300**

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

CR2E003 (11/00)