

2000 UNIFORM BUSINESS REPORT (UBR)

X03907 AF

DOCUMENT # A12761

1. Entity Name
1000 BRICKELL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 AM 8:48

Principal Place of Business % THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., STE. 300 MIAMI FL 33131	Mailing Address % THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., STE. 300 MIAMI FL 33131-3004
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DO NOT WRITE IN THIS SPACE

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 59-2208441	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, W. ALLEN
% THE ALLEN MORRIS COMPANY
1000 BRICKELL AVE., STE. 1200
MIAMI FL 33131

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. **\$100.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P18775 HAMMOND VENTURE, INC. 1000 BRICKELL AVE. STE. 300 MIAMI FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	800003127678--7 -02/08/00--01098--005 ****141.25 ****141.25
CITY - ST - ZIP	
STREET ADDRESS	
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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: *Bill G. Davis* **Bill G. Davis** 1-25-2000 (305) 358-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #