2002 UNIFORM BUSINESS REPORT (UP)

	JMENT # #A1290	31	MI (UB	<u>)</u>		
1. Entity Name 3000 ISLAND BOULEVARD ASSOCIATES, LTD.					FILED	
				2002 M	2002 MAY -8 AM 10: 34	
Principal Place of Business 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160		Mailing Address 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160		DIVIJION FALLA	DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002		
City & State		City & State		4. FFI Number	4. FEI Number	
Zip Country		Zip	Country	22-2578055_	Not Applicable	
	6. Name and Address of Current	Registered Agent		Certificate of Status Desired Name and Address of New Reg	Fee Required	
MATUS,	AI AN		Name	7. Name and Address of New Reg	Istered Agent	
7900 ISLAND BLVD.			Street A	ess (P.O. Box Number is Not Acceptable)	: (P.O. Box Number is Not Acceptable)	
NORTH MIAMI BEACH FL 33160						
			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 Fiorida.						
SIGNATURE						
9. Capital Contributions \$1.500.00 10. Amount of Capital Contributions 11. MAKE CHEC					PAYABLE TO DEPT, OF STATE	
uo oriowii	A GENERAL PARTNER T	in FLORIDA to dat	ITV MIICT DE I	SEE REVERSE	SIDE FOR FEE INFORMATION	
12.	NOTE: General Partners MA GENERAL PARTNER	. We i be changed on the	form; an ame	ment must be filed to change a gene	eral partner.	
DOCUMENT #	F93000004567 3000 HOLDINGS, INC.		STREET ADDRESS	ADDRESS CHANC	ES ONLY	
STREET ADDRESS	4000 ISLAND BOULEVARD					
CITY-ST-ZIP DOCUMENT #	NORTH MIAMI BEACH FL 33160 P27660		CITY-ST-ZIP			
NAME	_3000.ISLAND_BOULEVARD, INC.		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	4000 ISLAND BOULEVARD NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	40000560 -05/24/02	19984 5 01037007	
DOCUMENT #			STREET ADDRESS	****[4].		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		,	CITY-ST-ZIP			
DOCUMENT#						
STREET ADGRESS			STREET ADDRESS			
DOCUMENT #			CITY-ST-ZIP			
NAME STREET ADDRESS			STREET ADDRESS			
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 3000 HOLDINGS, INC. SIGNATURE:						
	ALANE MATHESON PR	RESTORNING GENERAL P		Date	Davismo Phone #	