## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A13199  1. Entity Name						
CAIRO SUN PROPERTIES, LTD.				FILED		
Principal Place of Business Mailing Address 7338 ESTRELLA COURT 7338 ESTRELLA COURT					00 MAR 10 PM 4: 13	
BOCA RATON FL 33433 BOCA RATON FL 33433-1612					SECRETARY OF STATE	
2. Principal Place of Business 3. Mailing Address					-	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State City & State		City & State			4. FEI Number 59-2223126 Applied For Not Applicable	
Zip	Country		Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				No	7. Name and Address of New Registered Agent	
TANDADALIA MILLIAM				Name		
TANENBAUM, WILLIAM 7338 ESTRELLA COURT				Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33433						
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions as Shown on record.  \$700.00  10. Amount of Capital Contribution 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 REGISTEI NOTE: General Partners MAY NOT be changed on the form; an amendment in					TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY						
DOCUMENT#	TANENBAUM, WILLIAM F 7338 ESTREILA COURT BOCA RATON FL 33433		STREET	ADDRESS		
STREET ADDRESS ;			CITY-ST	T- <b>ZS</b> P		
DOCUMENT# NAME			STREET	ADDRESS	700003178327	
STREET ADDRESS CITY - ST - ZIP			CITY-SI	r-23P		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST	r-ZIP		
DOCUMENT# NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	r-zip		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-ST	r-ZIP		
DCCUMENT# NAME	e grigation		STREET	ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST			
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						

CHEATHER STATE CONTROL WILLIAM F. Tanenbaum 3/8/00 (561)479SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daylurie Phone 4