

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18967
 1. Entity Name
IBERIA APTS., LTD.

FILED
 00 MAY 30 PM 4: 20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 5870 SW 8TH ST #7
 MIAMI FL 33144

Mailing Address
 P.O. BOX 520682
 MIAMI FL 33152-0682

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number **59-2537747** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LICKSTEIN, FRED
201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL

7. Name and Address of New Registered Agent
 Name **PAULA C. GOMEZ**
 Street Address (P.O. Box Number is Not Acceptable)
5840 S.W. 8th ST, STE # 3
 City **MIAMI** **FL** Zip Code **33144**

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 *Paula C. Gomez*
 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. **\$4,950.00**

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 # | K95340 |
| NAME | I.S.L.P. CORPORATION |
| STREET ADDRESS | 5780 S.W. 8TH STREET STE.7 |
| CITY - ST - ZIP | MIAMI FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-----------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | 300003297403--9 |
| CITY - ST - ZIP | -06/20/00--01062--019 |
| | ****141.25 ****141.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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: *Jorge L. Bolanos* **SIGNATURE REQUIRED** **JORGE L. BOLANOS** 4-17-00 305-261-2600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #