2001	UNIFO	RM BŲSI	NESS REPOI	RT (UBI	R)			
DOCU 1. Entity Nam	MENT#	Á19620	· ·			*Andrews of the Control of the Contr	}	
NMIP, LT	D. ,	e. Tarak				FILED	-	
Principal Plac	e of Business		Mailing Address			01 JUL 20 M	8 47	
% PHILLIP A. 1233 ALEORIA CORAL GABLE	NO AVENUE ES FL 33146		% PHILLIP A. THOMAS 1233 ALEQRIANO AVENUE CORAL GABLES FL 33146			SECRETARY OF S	1	
2. Principal Place of Business 4. Edward Granoff Suite, Apt. #, etc. 3. Mailing Address 4. Edward Granoff Suite, Apt. #, etc.				gra not	7		VRITE IN THIS S	NDVOC
13000 SW 120 Street 13000 SW 120				o Street	<u> </u>	DO NOT V	VILLE IN THIS S	
City & State			City & State Mauri, FL			4. FEI Number 59-25474	76	Applied For Not Applicable
Zip 3312	Cou	ntry	33186	Country		5. Certificate of Status Desire		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Add							w Registered A	Agent
THOMAS,	DUIHUD-A	Edward	Chanoff	Name	Live	ud Granoff		
1833 ALEGRIANO AVENUE 13000 SW 120 Street						O. Box Number is Not Accept	neet	
CORAL GABLES FL 33148 Miani, Ft								
		_ 33186	City	liai	ni	FL	Zip Code 33/86	
8. The above named entity submitted 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 an accorde. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Capital Co as Shown	ntributions	\$715,000.00	Amount of Capital in FLORIDA to dat	Contributions	ore reduited w	11. MAKE C	HECK PAYABLE	TO DEPT. OF STATE R 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.	SENERAL PARTNER		13.	ADDRESS CHANGES ONLY				
DOCUMENT # NAME	 Thomas, Philli	253. Pa	3 Rivertowne	STREET ADDRESS	25	33 Rivertown	e Park	way
STREET ADDRESS CITY-ST-ZIP	1233 ALEGRIANI CORAL GABLES	FL THE	Parkway Pleasant SC.	. CITY-ST-ZIP	Mt.	Pleasant, S	c 29	1466
DOCUMENT # NAME	GRANOFF, EDW		W 1746	STREET ADDRESS			•	
STREET ADDRESS CITY-ST-ZIP	13000 S.W. 120 MIAMI FL 33186			CITY-ST-ZIP	į	600004 - 87/2	14954	1265
DOCUMENT # NAME				STREET ADDRESS		****		****526.25
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			স্ ==	
DOCUMENT # NAME				STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS			ì	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			1	
DOCUMENT #				STREET ADDRESS			1	

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CiTY-S ZIP