## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A20686  1. Entity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
D & C - BARNETT PLAZA LTD.							
Principal Place of Business  C/O HALLIDAY GROUP REALTY MANAGEMENT. INC.  1100 SE THIRD AVENUE. SECOND FLOOR  FORT LAUDERDALE FL 33316-1110  Mailing Address  C/O HALLIDAY GROUP REALTY MANAGEMENT. INC.  1100 SE THIRD AVENUE. SE  FORT LAUDERDALE FL 33316-1110  FORT LAUDERDALE FL 33316-1110			ECOND FLOOR		00 MAR 20 PM 5: 31	on many Eldys Aldys (Mar)	
2. Principal Place of Business 3. Mailing Address						\$1 <b>818</b> }}	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number 59-2652136 Applied For Not Applicable		
Zip	Country Zip Cou		Country		5. Certificate of Status Desired		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent		
CURRAN, DERRANCE W: 790 EAST BROWARD BLVD. SUITE 200			<u> </u>	Name Robert F. Dwors Street Address (P.O. Box Number is Not Acceptable)  1 South Victoria Park Road			
FT LAUDERDALE FL 33301				City	Fort Lauderdale, FL Zip Code 33301		
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)							
9. Capital Contributions as Shown on-record.  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 13. ADDRESS CHANGES ONLY							
DOCUMENT # NAME	DWORS, ROBERT F. 1629 NE 4TH COURT FORT LAUDERDALE FL		STREET #	ADDRESS 1 S	South Victoria Park Road		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	Fort Lauderdale, FL 33301			
DOCUMENT#			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST	-zìP	90000318906 	393 7005	
DOCUMENT # NAME			STREET	ADDRESS	****535.00 ***	**535.00 	
STREET ADORESS CITY - ST - ZIP			CITY-ST	-ZIP			
DOCUMENT # NAME			STREET	ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST	t-ZIP		<u> </u>	
NAME, DOCUMENT.			STREET #	ADDRESS			
STREE ADDRESS			CrTY-ST	- ZIP			
DOCUMENT#			STREET	ADORESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST		- 140 O7(OV) First Cleans 1/ 1/1	at the information	
14. Thereby of indicated	on this report is true and accurate and t	this filing does not qualify for the that my signature shall have the second by Chapter	re same le	egal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify that nade under oath; that I am a General Partner of the lin	nited partnership or	

3/6/00 Date