٤	7
	3

2001 UNIFORM BUS		'n i	(UBN)	7	t		06577	
DOCUMENT # A235	55						` An	
` WIMBLEDON DEVELOPMENT LTD.					FILED		"	
Principal Place of Business . 5500 NW 69TH AVENUE LAUDERHILL FL 33319	Mailing Address P.O. BOX 5524 FT. LAUDERDALE FL 33310-5524 US			O1 APR'23 AM 10:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business	3. Mailing Address					 	IA BIORI DIDII IDDI	
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	City & State	City & State		4. FEI Number	59-2736416		Applied For Not Applicable	
Zip Country .	Zip	Coun	5. Certificate of Status Desired Fee Required					
6. Name and Address of Curren	nt Registered Agent		Name	7. Name and A	Address of New Registe	ered Agent		
ROSENTHAL STANLEY 5500 NW 69TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
LAUDERHILL FL 33319			`	`				
			City			FL Zip C	ode	
8. The above named entity submits this statement	for the purpose of changing its	registere	ed office or register	ed agent, or both	in the State of Florida.	,		
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capita in FLORIDA to da		butions Same					
A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN							
12. GENERAL PARTNE	ER INFORMATION	13.			ADDRESS CHANGE	S ONLY		
DOCUMENT # 553863 NAME INT'L REALTY INVST CORP. STREET ADDRESS 5500 NW 69TH AVENUE			EET ADDRESS	<u>-</u>			003 (11/00)	
CITY-ST-ZIP LAUDERHILL FL 33319	,	LIIT	-ST-ZIP				CR2E0(
DOCUMENT # NAME		STRE	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP		•			
DOCUMENT # NAME		STRE	EET ADDRESS				•	
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP					
DOCUMENT NAME		STRE	EET ADDRESS	90	000 041 6 -05/08/01	01141	-028	
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP		****141.	∠5 ^{米米米タ}	:141.25	
OOCUMENT # NAME		STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP		······			
DOCUMENT # NAME		STRE	ET ADDRESS		٠,			
STREET ADDRESS CITY-ST-ZIP		1	-ST-ZIP					
14. I hereby certify that the information supplied will indicated on this report is frue and accurate and the receiver or trustee empowered to execute the supplied to execute	th this filing does not qualify for the trip signature shall have the strength of the trip signature shall have the strength of the strength o	. R0	SENTHAL, P	res.		er certify that the ner of the limited 954/572-		

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER