

2000 UNIFORM BUSINESS REPORT (UBR)

0004852 AF

DOCUMENT # A23989
 1. Entity Name
AA/TAMPA GROUP, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
00 APR 10 PM 5:44

Principal Place of Business Mailing Address
6600 S.W. 57TH AVE **6600 S.W. 57TH AVE**
SUITE 200 **SUITE 200**
MIAMI FL 33143 **MIAMI FL 33143-3681**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROSENFELD, STELLA A
6600 SW 57TH AVE
SUITE 200
MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
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. **\$10,071,045.01** 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 STREET ADDRESS CITY - ST - ZIP	V58486 ABRAHAM/TAMPA, INC. 4181 SW 8 ST. MIAMI FL 33134	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	100003223261--2 -04/25/00--01077--017 ***526.25 ***526.25
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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: *Anthony R. Abraham* **REQUIRE SIGNATURE** **ANTHONY R. ABRAHAM** **4/6/00** **305-665-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FORM 1000