2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A25892 1. Entity Name				FILED SECRETARY OF STATE	
AVM PROPERTIES LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS
					00 MAR 24 AH 11: 52
Principal Place	Mailing Address 2919-E NO. MILITARY TRA	AIL			
SUITE 108 BOX 360					
ROYAL PALM BEACH FL 33411 WEST PALM BEACH FL 3340			3409-2627		T FRANKI KANA KINDI AKAN KANA KANDI KANDI KINDI AKAN AKAN AKAN AKAN AKAN AKAN AKAN AKA
2. Principal Place of Business 3. Mailing Address 299 E No. Mo.			lilitary T	Pl	
Suite, Apt. #, etc. Suite, Apt. #, etc. PMB 360					DO NOT WRITE IN THIS SPACE
City & State	е	City & State PALW	1 BEACH	,FI.	4. FEI Number 65-0032462 Applied For Not Applicab
Zip	Country	33409	PALME	eacH	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Namo		7. Name and Address of New Registered Agent
MOSLER	WARREN B		Name	JER	LRY H. BRABON
	railian ave. South		Street	Address (I	(P.O. Box Number is Not Acceptable) ENO. MILITARY TRL., PMB 36
SUITE 60	0				
WEST PA		1970	Mar Pacin BEACH FL 33469		
B. The above	named entity submits this statement fo	or the purpose of changing its	registered office	or register	red agent, or both, in the State of Florida.
	C/ Plus	4. Knahen	n Pl	RIDE	ENT DE BENERAL PARTHER
SIGNATURE.	Signature, typed of printed name of registerer agent	and title if applicable. (NOTE	: Registered Agent sign	ature required	d when reinstating) DATE
Capital Co as Shown	on record. \$\psi \psi 23,000,000.00\$	10. Amount of Capita in FLORIDA to da	ate.		6,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER T NOTE: General Partners MA	THAT IS A BUSINESS EN AY NOT be changed on th	TITY MUST BE le form; an am	REGIST endmen	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY
DOCUMENT #	F92000001002 PBL REALTY, INC.		STREET ADDRESS		
NAME Street Address	250 AUSTRALIAN AVE S.			-	
CITY - ST - ZIP	WEST PALM BCH FL		CITY-ST-ZIP		
DOCUMENT#			STREET ADDRESS		
NAME STREET ADORESS			CITY-ST-ZIP		
CITY-ST-ZIP					
Docu ivent * : Name			"STREET ADDRESS		
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14. I hereby of indicated the receive	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute his	n this filing does not qualify for I that my signature shall have t is report as required by Chapt	the exemption st the same legal eff ter 620, Elorida St	ated in Se fect as if matutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership
SIGNAT	URE: SIGNAL	PRINTED NAME OF SIGNING GENERA	AL PARTNER		2-15-00 561-795-132
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