

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26065**

1. Entity Name

INTERBANC REAL ESTATE FUND, LTD.

Principal Place of Business

2600 E. COMMERCIAL BLVD.

STE. #200

FORT LAUDERDALE FL 33308

Mailing Address

2600 E. COMMERCIAL BLVD.

STE. #200

FORT LAUDERDALE FL 33308

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0102873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET, SUITE 3500
MIAMI FL 33131

Jennings & Valancy, Attorneys
311 SE 13th Street
Fort Lauderdale, FL 33316

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 Steven Valancy V. Pres.

Signature, typed or printed name of registered agent and title if applicable.

01-16-02
DATE

9. Capital Contributions as Shown on record.

\$1,000,000.00

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 # **J94650**
NAME **INTERBANC REAL ESTATE, INC.**
STREET ADDRESS **2600 E. COMMERCIAL BLVD., STE. #200**
CITY-ST-ZIP **FT. LAUDERDALE FL**

STREET ADDRESS

CITY-ST-ZIP

800004831678--2

-01/28/02-01087-005

*****535.00 ***535.00**

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)