

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26360
 1. Entity Name
UNITED TRUST FUND LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB-22-AM 10:50



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 701 BRICKELL AVE.
 SUITE 1300
 MIAMI FL 33131

Mailing Address
 701 BRICKELL AVE.
 SUITE 1300
 MIAMI FL 33131-2800

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

4. FEI Number **65-0046462** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
UNITED TRUST FUND, INC.
701 BRICKELL AVE
STE 1300
MIAMI FL 33131

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. **\$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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	527202 UNITED TRUST FUND, INC. 701 BRICKELL AVE., #1300 MIAMI FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	300003158553--9 -03/06/00--01110--014 ***526.25 ***526.25
STREET ADDRESS CITY - ST - ZIP	<i>rf 31/100</i>
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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: *[Signature]* Date 2/17/00 Daytime Phone # 305-358-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)