

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 26635*

1. Entity Name
R. D. J. 3 Investors, LTD.

Principal Place of Business
*5421 SW 154 CT
Miami, Florida 33185*

Mailing Address
*5421 SW 154th Court
Miami, Florida 33185*

APPROVED AND FILED
00 MAR 29 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
mf 4/15

2. Principal Place of Business
5421 SW 154th Court
Suite, Apt. #, etc.

3. Mailing Address
5421 SW 154th Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida 33185

City & State
Miami, Florida

Zip
33185

Country
US

4. FEI Number
65-0063958

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
*JANINE RINCON
5421 SW 154th Court
Miami, Florida 33185*

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. *\$ 710,428.61*

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	<i>M 86036 Jinx Management Corp.</i>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>5421 SW 154th Court</i>
CITY-ST-ZIP	<i>Miami, Florida 33185</i>
STREET ADDRESS	
CITY-ST-ZIP	3000003204669 1 -04/11/00--01133--012 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Janine Rincon* *3-25-00* *305 220 0343*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (9/99)