## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A27326								FILED SECRETARY OF STATE			
EDISON GARDENS, LTD.								SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plac	e of Busines			Mailing Address				00	FEB - 4	PM 1:2	21
Principal Place of Business 645 NW 62ND ST., SUITE 300 MIAMI FL 33150				645 NW 62ND ST., SUITE 300 MIAMI FL 33150-4329					•		
2. Principal Place of Business 3. Mailing					iling Address			I   <b>B</b> B   B   I   B   B   I	IN <b>e</b> n e <b>n for</b> frien fen	I <b>n 1</b> 111 <b>1</b> 1111 <b>1</b> 1	ELL ALELI OLOLI DIGIL ALDI IAEI
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State				City & State			4.	FEI Number	65-0082006		Applied For
Zip	p Country			Zip Country		5.	Certificate of Sta	atus Desired		\$8.75 Additional Fee Required	
	6. Name	and Addre	ess of Current Reg	jistered Agent			7.	Name and Add	ress of New Re		
WOLFE, L 100 SOUT	COND ST			Name Street Add	Iress (P.O.	Box Number is N	lot Acceptable)	   			
INTERNATIONAL PLACE, 38TH FL							<u> </u>			1 7% Or 14	
MIAMI FL 33131						City		FL Zip Code			Zip Code
8. The above	named entit	y submits th	his statement for th	e purpose of chang	ing its register	ed office or re	egistered a	igent, or both, in t	the State of Flor	rida.	
SIGNATURE .	Signature, typed	or printed name	of registered agent and t	tle if applicable	(NOTE: Registere	d Agent signature	required when	reinstating)		DATE	
9. Capital Contributions as Shown on record. \$1,638,661.00 10. Amount of in FLORID					A to date.				SEE REVERS	E SIDE FOI	TO DEPT. OF STATE R FEE INFORMATION
	A ( NOTE	GENERAL : General	. PARTNER THA Partners MAY I	T IS A BUSINES NOT be changed	S ENTITY M	UST BE RE I; an ameno	GISTER	ED AND ACTIN ust be filed to	Change a ge	office	Iner.
12.			ERAL PARTNER IN		13.				ADDRESS CHA		
DOCUMENT #	J46201	ell city,	INC		STR	ET ADDRESS					
NAME Street address City - St - Zip	645 NW 6 MIAMI FL		NYU.		спу	-ST-ZIP	- <u></u>	$\frown$	0 /	/	
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Indicated	on this repo	rt is true and	Daccurate and that	s filing does not qua t my signature shall port as required by	I have the sam	e lenal effect.	as if made	n 119.07(3)(i), Fic aunder oath; that	orida Statutes. I I am a General	further cert Partner of	tify that the information the limited partnership
SIGNAT						**	RENZO	SIMMONS	1/7/00		305/757-3737 aytime Phone #
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