2001 UNIFORM BUSINESS REPORT (UBR)					APPROVEL	
DOCUMENT # A28048 1. Entity Name					AND FILED	
N.J. GOLDMEIER LTD.					01 FEB 12 AM 10: 22	
Principal Place of Business Mailing Address				<u> </u>	SECRETARY OF STATE FALLAHASSEE, FLORIDA	
MACK CENTRE VI. PO BOX 1765 61 S. PARAMUS ROAD PARAMUS NJ 07652 PARAMUS NJ 07652				3		
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City		City & State	Sity & State		4. FEI Number 58-1833323	Applied For Not Applicable
Zip	Country	Zip	Coun	try	3. Certificate of Status Besiled	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent —			-	Name	7. Name and Address of New Registered A	gent .
				Name		
GOLDMEIER, BARRY S 1000 MARINER DRIVE				Street Address (P.O. Box Number is Not Acceptable)		
KEY BISCAYNE FL 33149				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						
	Signature, typed or printed name of registered agent			d Agent signature required		TO BERT OF STATE
9. Capital Contributions as Shown on record. 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 1				, an amendmen	ADDRESS CHANGES ONL	
	K72512 GOLDMEIER (N.J.) CORP.		STRE	ET ADDRESS		
STREET ADDRESS			CITY	-ST-ZIP .	4000037188	147
DOCUMENT # NAME			STRE	ET ADDRESS	-02/19/0101	
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		18
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS		
			CITY	-ST-ZiP		
14. Il 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 empewered to execute this report as required by Chapter 620, Florida Statutes						
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 2/8/01 201-845-7020 Daylime Phone #						