2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A28272 1. Entity Name					FILED	გ. ≽
FRYD DEVELOPERS LTD.				00 JAN 10 PM 4: 15		
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Principal Place of Business Mailing Address 523 MICHIGAN AVE. 523 MICHIGAN AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-631			317	SECRETARY OF STATE TALLAHASSEE. FLORIDA		
2. Principal Place of Business 3. Mailing Address			_	- - 1.301017 1010 14001 1017 1001 10010 1101 01011 01011 01011 01011	III	
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0116101 Applied Fo	
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	
EDUD AGAITHAN				Name	<u></u>	
FRYD, JONATHAN 523 MICHIGAN AVENUE				Street Address	(P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33139						
				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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. Capital Co	ntributions \$1,261,000,00	10. Amount of Capita in FLORIDA to da	butions	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		13.	i, an amendmei	ADDRESS CHANGES ONLY	
DOCUMENT #	1/04000			EET ADDRESS		66/
NAME Street address	F.J.I. PROPERTIES, INC. % 523 MICHIGAN AVE.			'-ST-ZIP		U) CF2E003 (9/99)
CITY-ST-ZIP DOCUMENT#	MIAMI BEACH FL		_	EFT ADDRESS	300003099823 -01/14/0001105019	ਤ⊢ਲ਼ਿੱ
NAME Street address				-ST-ZIP	*****526.25 *****526.25	5
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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						