2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28863 1. EANS & GROUP ENTER PRISES LIMITED PARTNERSHIP					P .	
WE'RE	ASSOCIATES VILLIMITED PARTNER	SHIP (name chas	ogend.	12/31/99	DIVISION OF CORPORATIONS	
Principal Plac	e of Business	Mailing Address			00 MAR - 1 PM 12: 30	
% PAUL GNATT. CPA 7101 WISCONSIN AVENUE #1012 BETHESDA MD 20814		% PAUL GNATT. CPA 7101 WISCONSIN AVENUE #1012 BETHESDA MD 20814-4805				
2. Principal Place of Business		3. Mailing Address 3440 Hollywood Blvd		dBlvd	# 100 / 2011 2020 13001 10101 2020 2020 1310 2200	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 450			DO NOT WRITE IN THIS SPACE	
City & State		City & State 1+0 //ywood, FL		FL	4. FEI Number Applied For Not Applicable	
Zip* '	Country	^{Zip} 33021	Cour	ntry 15 A	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R				7. Name and Address of New Registered Agent	
GRAND, LEONARD ESQ. 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD FL 33021				Name Street Address (P.O. Box Number is Not Acceptable)		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required in FLORIDA to date. 30. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
•	NOTE: General Partners MAY	NOT be changed on th	e form		ment must be filed to change a general partner.	
12. DOCUMENT#	GENERAL PARTNER P98000028694	INFORMATION '	13.	 	ADDRESS CHANGES ONLY	
NAME STREET ADDRESS	ABE GROUP ENTERPRISES, INC. 3440 HOLLYWOOD BLVD., #450			EET ADDRESS		
CITY-ST-ZIP DOCUMENT#	HOLLYWOOD FL 33021		╂		mf3/14/00	
NAME STREET ADDRESS				EET ADORESS	<u> </u>	
CITY-ST-ZIP DOCUMENT#			1			
NAME STREET ADDRESS				ET ADDRESS	4000031734748 -0377700-00012-025	
CITY-ST-ZIP DOCUMENT#					*****88.75 *****88.75	
NAME STREET ADDRESS	Sec. 16			EET ADDRESS	400003173474 3 -03/17/0001012026	
CITY • ST - ZIP DOCUMEIT #			STR	EET ADDRESS	*****52.50 *****52.50	
NAME Street address	·			-ST-ZIP		
CITY-ST-ZIP DOCUMENT#				ET ADORESS	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-ST-ZIP				-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						