2002 UNIFORM	<b>BUSINESS</b>	REPORT	(UBR
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2002	UNIFORM BUSI	NESS REPOF	RT (	UBR	<u>}                                    </u>				
DOCUMENT # A29371  1. Entity Name					FILED				
AMERICAN EQUITIES LTD. NO. 7				02 APR 30 PM 4: 22					
Principal Place of Business Mailing Address 1717 N. BAYSHORE DRIVE. SUITE 208 1717 N. BAYSHORE DRIVE. MIAMI FL 33132 MIAMI FL 33132		SUITE 208			7	SECRETARY ( ALLAHASSEE			
2. Principal Pla		3. Mailing Address 150 Alhambra	Ci	rcle		!   <b>                                   </b>		)	
150 11211011112 01 1 1 1		Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
Suite 800 Suite 800		Suite 800 City & State				4. FEI Number	05.0400004		Applied For
City & State		Coral Gables	les, FL				65-0180891	¢9.75	Not Applicable
Zip	Country	Zip	Count			5. Certificate of	Status Desired	\$8.75 A	
33134	6. Name and Address of Current I	Registered Agent	US	Name		7. Name and A	ddress of New Regis	stered Agent	
S & K PROPERTY MANAGEMENT, INC. 1717 NO. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132  8. The above named entity submits this statement for the purpose of changing its region.			eaister	S & K Property Management, Inc.  Street Address (P.O. Box Number is Not Acceptable)  150 Alhambra Circle  Suite 800  City Coral Gables  Street office or registered agent, or both, in the State of Florida.					
SIGNATURE Signature, typed or printed name of registered agent and title it opticable. Lidia Cartaya, Vice President  9. Capital Contributions as Shown on record.  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.							T. OF STATE FORMATION		
	NOTE: General Partners MA	Y NOT be changed on th	e torn 13.	n; an ame	namer	nt must be med	ADDRESS CHANG	. a. para	
DOCUMENT # M55650  NAME UPSIDE, INC. STREET ADDRESS 1717 NO. BAYSHORE DRIVE, SUITE 208		STR	EET ADDRESS (-ST-ZIP			ra Circle,		800	
CITY-ST-ZIP	MIAMI FL 33132		+		COI	Coral Gables, FL 33134			
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP			<del> </del>	<u> </u>	
DOCUMENT #			STR	REET ADDRESS		70	00055	29557	<b>4</b>
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STREET ADDRESS	1		1	TV OT 710					

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 truttee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

REQUIRED President

04/29/02

(305) 476-0955

Daytime Phone #