2001 UNIFORM BUSINESS REPORT (UBR)

DOCUME 1. Entity Name	NT # A2962	2					;	
IRELAND BUILDING, LTD.					FILED			
Principal Place of Business Mailing Address				v -		00 FEB 22 PM 8: 39		
12000 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181		12000 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181		SECRETARY OF STATE TALL AMASSES FLORIDA				
Principal Place of Business 3. Mailing Address							1 1 1 1 1 1 1 1 1 1	
Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	65-0170288	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
6.	. Name and Address of Current I	Registered Agent			7. Name and A	Address of New Registered	Agent	
				Name				
IRELAND BUIDING, INC. 12000 BISCAYNE BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 810 MIAMI FL 33181				City	FL Zip Code			
8. The above name	ed entity submits this statement for	the purpose of changing its	register	ed office or regist	tered agent, or both	, in the State of Florida.		
SIGNATURE	ture, typed or printed name of registered agent a	nd title if annicable (NOTE	F: Bagistar	ed Agent signature requi	ired when reinstating)	DATE		
9. Capital Contributions as Shown on record. \$1,389,000.00 In FLORIDA to date.						11. MAKE CHECK PAYABL SEE REVERSE SIDE F	E TO DEPT. OF STATE OR FEE INFORMATION	
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGI	STERED AND AC	TIVE WITH THIS OFFIC	E.	
NOTE: General Partners MAY NOT be changed on the form; an amendme 12. GENERAL PARTNER INFORMATION 13.					ADDRESS CHANGES ONLY			
DOCUMENT / L39454								
NAME IREI STREET ADDRESS 120	IRELAND BUILDING, INC. 12000 BISCAYNE BLVD.			eet address 7-st-zip	 .			
DOCUMENT #	MI FL 33181		STR	EET ADDRESS	<u>.</u>			
NAME STREET ADDRESS				/-ST-ZIP	20	10002792)1631	
CITY-ST-ZIP DOCUMENT #		<u></u>	╂	g **- k		00003782 02/27/01(*****526.25	01043 018	
NAME			STA	EET ADDRESS	· · · · · · · · · · · · · · · · · · ·	*****> <td>**************************************</td>	**************************************	
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STREET STORESS CITY - ST-ZIP			CITY	r-St-ZIP				
DOCUMENT /			STA	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				
indicated on th	y that the information supplied with his report is true and accurate and trustee empowered to execute thi	that my signature shall have.	the sam	ie legal effect as i	Section 119.07(3)(i) if made under oath;	, Florida Statutes. I further co that I am a General Partner o	ertify that the information of the limited partnership or	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINES AND BULL PLAN DO BOTO LAND DORSING PRINTED PARTINES AND BULL PLAN DO BOTO LAND DORSING PRINTED PARTINES AND BULL PLAN DORSING PRINTED PRINTED PARTINES AND BULL PLAN DORSING PRINTED PRINTE