2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # A30182						
HBS PARTNERS, LTD.					FILED	
Principal Place of Business Mailing Address 66 WEST FLAGLER ST. 66 WEST FLAGLER ST.					00 MAR - 8 PM 3: 14	
CONCORD BUILDING. PENTHOUSE MIAMI FL 33130		CONCORD BUILDING, PENTHOUSE MIAMI FL 33130-1807		E	SECRETARY OF STATE	
2. Principal Place of Business 3. Mailing Address		3. Mailing Address	<u>,</u>			
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State City &		City & State	City & State		4. FEI Number 65-0203433 Applied For Not Applicable	
Zip	Zip Country Zip		Соип	-	5. Certificate of Status Desired Status Desired Status Desired Fee Required	
6. Name and Address of Current Registered Agent				Name	- 7. Name and Address of New Registered Agent -	
GOLDSMITH, BERTRAM J JR CONCORD BLDG., PENTHOUSE					(P.O. Box Number is Not Acceptable)	
66 W. FLAGLER STREET MIAMI FL 33130			City			
				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						
9. Capital Contributions as Shown on record. \$4,665,729.00 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			· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ONLY	
DOCUMENT# NAME STREET ADDRESS	GOLDSMITH, BERTRAM J.,JR 66 WEST FLAGLER ST. MIAMI FL			EET ADDRESS	1000031798415 -03/22/0001050011	
CITY - ST - ZIP DOCUMENT#				'•ST-ZIP	-03/22/0001050011	
NAME STREET ADDRESS	SHELLEY, SUSAN G. 1080 LUGO AVE. CORAL GABLES FL			EET ADDRESS	,	
CITY-ST-ZIP DOCUMENT#			STR	EET ADDRESS		
NAME STREET ADDRESS CITY - ST - ZIP			CITY	/-ST-ZIP		
DOCUMENT #			STRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT#			STRI	EET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY	'-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS City - St - 73P			CITY	'-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						
SIGNATURE:						