## 2000 UNIFORM BUSINESS REPORT (UBR) A31170 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LJS INVESTORS, LTD. 00 JUN -5 PM 1:33 Principal Place of Business Mailing Address 3850 HOLLYWOOD BLVD. SUITE 400 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD FL 33021-6746 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0243610 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \_\_\_\_\_.6...Name and Address of Current Registered Agent CORNFELD, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD FL 33021 Zip Code City 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. 10. Amount of Capital Contributions \$2,995,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$2,995,000,00 SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT# 900003299979 STREET ADDRESS CORNFELD, JEFFREY D. NAME <del>-06/21/00--01099--011</del> 3850 HOLLYWOOD BL, #400 STREET ADDRESS \*\*\*\*526.25 \*\*\*\*526.25 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS CORNFELD, SUSANNE B. NAME 3850 HOLLYWOOD BL, #400 STREET ADORESS CDY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP DÜÜÜMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .DOCUMENT# STREET ADDRESS NAME STREET ADDRESS 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

4/10/00

989-2200

Jeffrey/D. Cornteld, General Partner