

2001 UNIFORM BUSINESS REPORT (UBR)

000418 AF

DOCUMENT # **A32321**

1. Entity Name

OAKCREST ARMS LIMITED

Principal Place of Business

% FLORIDA REALTY & MANAGEMENT CORP.
5841 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

% FLORIDA REALTY & MANAGEMENT CORP.
5841 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SUSSMAN, MAURICE
5841 BISCAYNE BLVD
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

STEVEN SUSSMAN

Street Address (P.O. Box Number is Not Acceptable)

5841 BISCAYNE BLVD

City **MIAMI**

FL

Zip Code **33137**

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

Steven Sussman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/01

9. Capital Contributions
as Shown on record.

\$395,619.84

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

DOCUMENT # **S78883**
NAME **OAKCREST ARMS, INC.**
STREET ADDRESS **5841 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

FF 5526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900003907229--4
-03/23/01--0101--012
*****526.25 ***526.25**

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Steven Sussman
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

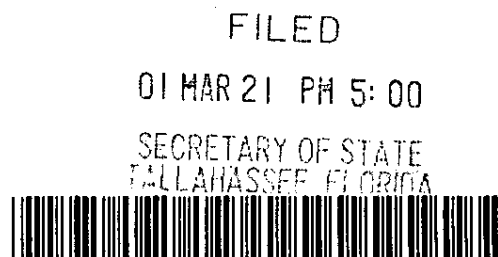
3/7/01

Date

305-751-2300

Daytime Phone #

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE