2000	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # A32651* 1. Entity Name FLAMINGO ASSOCIATES I, L.P., LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address COLOR PARK ROAD #300 HOLLWOOD FL 33024 Mailing Address HOLLWOOD FL 33024				00 JUN -7 PM 1: 33		
2. Principal Place of Business 300 Hollywood Way Suite, Apt. #, etc.		3. Mailing Address 300 Hollywood Way Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Hollywood, Florida		City & State Hollywood, Florida			4. FEI Number 65-0317258 Applied For Not Applicable	
Zip 33021	Country	Zip 33021	Cour	itry S A	5. Certificate of Status Desired XX See Required 5.	
33021	6. Name and Address of Curren				7. Name and Address of New Registered Agent	
STOTZER, THEODORE J., ESQ. 200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33020				Street Ac 300	Address (P.O. Box Number is Not Acceptable) Hollywood Way	
MORET MODE I'E GOOZO			City Ho11	lywood, FL Zip Code 33021		
8. The above	named entity submits this statement f	for the purpose of changing i	its register		or registered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	OTE: Registere	ed Agent signatu	nature required when reinstating) DATE	
9. Capital Contributions as Shown on record. \$3,293,635.45 in FLORIDA to date				\$2,21	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY M	UST BE F	REGISTERED AND ACTIVE WITH THIS OFFICE. endment must be filed to change a general partner.	
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY	
DOCUMENT# NAME	P37771 HOLLYWOOD,INC. FLAMINGO		STR	EET ADDRESS	300 Hollywood Way Hollywood, Florida 33021	
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP	Hollywood, Florida 33021	
DOCUMENT # NAME			STR	EET ADDRESS	;	
STREET ADORESS CITY - ST - ZIP			cm	/-ST-ZIP	4000032992345 -06/21/0001077006	
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DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				/-ST-ZIP		
14. I hereby of indicated the received	certify that the information supplied wi on this report is true and accurate an er or trustee empowered to execute t	ith this filing does not qualify nd that my signature shall hav this report as required by Cha	for the exe ve the sam apter 620,	emption state le legal effe Florida Stat	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information flect as if made under oath; that I am a General Partner of the limited partnership or latutes	

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING GENERAL PARTNER

Date

(954) 981-1000

Daytime Phone #