## 2001 UNIFORM BUSINE **DOCUMENT #** 1. Entity Name PREMIERE HOLDINGS OF SOUTH FLORIDA, LTD. Principal Place of Business Mailing Address lllliKane Concourse llll Kane Concourse Suite 311 Suite 311 Bay Harbor Island, FL Bay Harbor Island, FL 33154 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0323748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent- -- --Kramer, Robert M. Street Address (P.O. Box Number is Not Acceptable) Kramer, Green, Zuckerman & Greene, P.A 4000 Hollywood Blvd., Suite 485 So. Hollywood, FL 33021 City Zip Code 8. The above named entity hits 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 app NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions as Shown on record. \$990.00 in FLORIDA to date. \$990.00 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 Ŕ<u>Ź</u>Ę003 (11/00) DOCUMENT # Reed, Harold STREET ADDRESS NAME 1111 Kane Concourse, # 311 STREET ADDRESS Bay Harbor Island, FL CITY-ST-ZIP CITY-ST-ZIP 500004493855 ~~~ -05/10/01--01104--011. DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AS DRESS CITY-ST-ZIP CITY-\$T-ZIP DOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME

Harold M. Reed

4/21/0/

(305)865-2000

Daytime Phone