

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33577

1. Entity Name

DEBARY ESTATES ASSOCIATES, LTD.

Principal Place of Business

2600 DOUGLAS ROAD, SUITE 803
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS ROAD, SUITE 803
CORAL GABLES FL 33134-6149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 DeBary Plantation Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeBary, FL

City & State

4. FEI Number

64-0363466

Applied For

Not Applicable

Zip

32713

Country

USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WJM INVESTMENTS, INC.

2600 DOUGLAS ROAD, SUITE 803

CORAL GABLES FL 33134

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,099,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,099,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # V73121
NAME WJM INVESTMENTS, INC.
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 803
CITY - ST - ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # P96000020336
NAME DB INVESTMENT HOLDINGS, INC.
STREET ADDRESS 2600 DOUGLAS ROAD, PENTHOUSE 5
CITY - ST - ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/00 305 448 1070

CR2E003 (9/99)