2000	UNI	FORM BUSI	NE	SS REPO	RT	(UBR)				
DOCUMENT # A9200000111  1. Entity Name								FREO _		
RUTGERS PLAZA, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business 6353 WEST ROGERS CIRCLE SUITE 1 BOCA RATON FL 33487				Mailing Address P.O. BOX 273760 BOCA RATON FL 33427-3760			0	O APR 24 AM 3	: 05	
2. Principal Place of Business 3. Mailing Address								<u> </u>	<b>   </b>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number	65-0374168	Applied For Not Applicable	
Zip	Zip Country		Z	Zip Coun		ntry	5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent			
HAHAMOVITCH, HARRY 6353 WEST ROGERS CIRCLE SUITE 1 BOCA RATON FL 33487						Street Addre	ess (P.O. Box Number		Zip Code	
8. The above SIGNATURE 9. Capital Co	Signature, typed	y submits this statement for or printed name of registered agent at \$800,000.00			. Registere	d Agent signature rec	istered agent, or both,	DATI	ILE TO DEPT. OF STATE	
as Shown	Α.	GENERAL PARTNER TI	HAT I	in FLORIDA to da S A BUSINESS EN The changed on the	TITY M	UST BE REC	SISTERED AND AC	TIVE WITH THIS OFFI	FOR FEE INFORMATION CE. partner.	
12.		GENERAL PARTNER		<del></del>	13.			ADDRESS CHANGES (		
P9200008074 G.P. RUTGERS, INC.					STR	EET ADORESS		<u>.                                    </u>		
STREET ADDRESS CITY-ST-ZIP	6353 WEST ROGERS CIRCLE, SUITE 1 BOCA RATON FL 33487				СПУ	'-ST-ZIP				
DOCUMENT# NAME					STR	EET ADORESS	80	8000032502082 -05/12/0001035001 ****\$26.25 ****\$26.25		
STREET ADORESS City-St-ZIP					CITY	'-ST-ZIP	****526.25 *****526.25			
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STREET ADDRESS	j				спу	′-ST-ZIP				
DOCUMENT#					STR	EET ADDRESS				
NAME					_					

I hereby certify that the information supplied with this filing does not qualful 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/flive 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 insperport as required by ghapter 620, Florida Statutes

SIGNOTUDE:

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SIGNATURE: