2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9200000201 1. Entity Name					,		
404 INVESTMENTS, LTD.					:		
Principal Place of Business 404 WASHINGTON AVE SUITE 120 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-66				0		B18 18118 (1811 88111 88111 88111 88111	08:11 40:12 118:1 46:12 : 11 2 : 12 :
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			SPACE
City & State City & State					4. FEI Number 65-0403066 Applied For Not Applicable		
Zip	Country Zip Co		Count	try	5. Certificate of Status Desired See Required Fee Required		
-	6. Name and Address of Current F	 			7. Name and A	ddress of New Registered	
THREATT, ROBERT R Name Brian A. Street Address (F						is Not Acceptable)	
MIAMI BEACH FL 33139				c/o Thomson Muraro Razook & Hart, P.A One SE 3rd Avenue 17th Floor			
2				City Miami			Zip Code 33131
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 Brian A. Hart 4/24/00 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. \$14,243,511.21 10. Amount of Capital Contributions in FLORIDA to date. \$3,284,959.99 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							R 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# NAME	P94000007402 404 INVESTCORP, INC.	-	STRE	ET ADDRESS	1		
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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 629, Florida Statutes SIGNATURE:							