2000 UNIFORM BUSINESS REPORT (UBR)

					\ - <i>,</i>	_			
DOCUMENT # A9300000153 1. Entity Name							Pa en		
REGAL TRACE, LTD.						DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 9 NORTHWEST 4TH AVENUE. SUITE A P.O. BOX 357 DANIA FL 33004 DANIA FL 33004-0357						00 APF	R 24 AM 3: 05	~	
Principal Place of Business Mailing Address Mailing Address						_			
Suite, Apt. #, etc. Suite, Apt. #, e				etc.		DO NOT WRITE IN THIS SPACE			
City & State			City & State		4. FEI Number	65-0452252	Applied For Not Applicable		
Zip Country		Country	Zip	Zip Countr		5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
JONES, MILTON L JR					Street Address (P.O. Box Number is Not Acceptable)				
9 NORTHWEST 4TH AVNEUE, SUITE A				3//62/700/000					
DANIA FL 33004					City FL Zip Code				
8. The above	named entity	submits this statement for	the purpose of changing it	s register	ed office or registe	ered agent, or both,			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						ed when reinstating)	DAT		
9. Capital Contributions as Shown on record. \$13,969,058.00 10. Amount of Capital Cin FLORIDA to date					3,969,058			FOR FEE INFORMATION	
	A (NOTE:	GENERAL PARTNER TI General Partners MA	HAT IS A BUSINESS EI Y NOT be changed on	NTITY M the form	UST BE REGIS ; an amendme	TERED AND AC nt must be filed	TIVE WITH THIS OFFI to change a general p	CE. partner.	
12. GENERAL PARTNER INFORMATION DOCUMENT # M81437							ADDRESS CHANGES	ONLY	
Document# Name	MILTON J	ones development (RATION STREET ADDRESS				лг <u>ач——</u> э	
STREET ADDRESS CITY - ST - ZIP	ss 9 Northwest 4th Avenue, Si Dania Fl 33004		IE A		-ST-ZIP	31	-05/11/00	01102002	
DOCUMENT #				STREET ADDRESS			****528.25	****525.25	
NAME STREET ADORESS CITY - ST - ZIP				CITY-ST-ZIP					
DOCUMENT#		•		STR	EET ADORESS				
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NAME STREET ADORESS CITY-ST-ZIP				CTTY	'- ST- ZBP				
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NAME STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
DOCUMENT#				STR	EET ADDRESS				
STREET ADDRESS CITY+ST-ZIP					r-ST-ZIP				
14. I hereby	certify that the	e information supplied with rt is true and accurate and	this filing does not qualify f that my signature shall have	or the exe	emption stated in S e legal effect as if	Section 119.07(3)(i) made under oath;	, Florida Statutes. I further that I am a General Partne	certify that the information or of the limited partnership or	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MILTON L. JONES, President

SIGNATURE:

MILTON JONES DEVELOPMENT CORPORATION, a Florida corporation

(954) 927-5285

Daytime Phone #