2000 UNIFORM BUSINESS REPORT (UBR)

					-	-		
DOCUMENT # A9300000605 1. Entity Name					FIL	ED VAR CTATE		
FORTY-THIRD PARKE WEST, LTD.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					00 MAR -6	PM 5: 51		
•	/E. SUITE C-11	PO BOX 2369				, ,		
VERO BEACH FL 32960 VERO BEACH FL 32961-2369			369					
						::: 		
2. Principal P	lace of Business	3. Mailing Address			-			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		I THIS SPACE		
City & State City & State				4. FEI Number	Applied For			
7in Country 7in		Zip	Country		65-0420148	Not Applicable 88.75 Additional		
Zip	Country	Zip	Occin	_	5. Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
WILLIAMS, ANDREW W								
616 AZAL				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code		
8. The above	ve named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. E Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)	DATE		
CMINST HILLIAN								
as Shown o	A GENERAL PARTNER T	HAT IS A BUSINESS EN	ITITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS O	FFICE.		
NOTE: General Partners MAY NOT be changed on the f				i; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY				
12.	GENERAL PARTNER INFORMATION P93000038944				(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)			
NAME	GMB MGMT., INC. 1850 43RD AVE., SUITE C-11 VERO BEACH FL 32960		STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СПУ	'-ST-ZIP		C		
DOCUMENT #	YENO BEACHTE 32300			ı r	УИ			
NAME			SIR	EET ADORESS	101			
STREET ADORESS			СПУ	'-ST-ZIP	\sim \mathbb{N}_{\bullet}].		
DOCUMENT#			етрі	EET ADDRESS				
NAME			Jin					
STREET ADDRESS CITY - ST - ZIP			СПУ	'-ST-ZIP				
DOCUMENT #			STBI	EET ADDRESS				
NAME					<u> </u>	780703		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	-U37217UI ****C26	780793)01090008 .25 ****526.25		
DOCUMENT#	T.C. Service		STR	EET ADDRESS				
NAME Street address								
CITY-ST-ZIP			CITY	'-ST-ZIP				
DOCUMENT#	· ×,		STRI	EET ADDRESS				
NAME STREET ADDRESS			1					
CMY-ST-ZIP			СПУ	′-ST-ZIP				
indicated	on this report is true and accurate and	that my signature shall have	the same	e legal effect as if n	ection 119.07(3)(i), Florida Statutes. I furi nade under oath; that I am a General Pa	ther certify that the information rtner of the limited partnership or		
the receiv	ver or trustee empowered to execute this	report as required by Chap	ter 620	Florida Statutes				