(954) 491-4511

1/23/01

Secretary of GP

Sheldon Liebowitz

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9300000747 1. Entity Name PARK PLAZA ASSOCIATES, LTD.							Λ	
						FILED		0
Principal Place of Business Mailing Address				01 MAR -5 AN 9:28				
2600 E. COMMERCIAL BLVD SUITE 200 FT. LAUDERDALE FL 33308		2600 E. COMMERCIAL BLVD SUITE 200 FT. LAUDERDALE FL 33308		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	65-0424732		Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of		Fee Re	Additional equired
	6. Name and Address of Current	Registered Agent		Name ** *	7. Name and A	ddress of New Registere	d Agent	
-BERMAN-WOLFE-RENNERT VOGEL & MANDLER, P.A. 100-SE-SECOND-ST.; SUITE-3500- MIAMI-FL 33131-2130				Regis Street Address 100 S	istered Agents of Florida, LLC dress (P.O. Box Number is Not Acceptable) Southeast Second Street te 3500			
				City Miámi	ámi FL Zip Code 33131			
9. Capital Co as Shown	on record. \$2,1/0,000.00	and title if applicable. (NOTE: F 10. Amount of Capital in FLORIDA to date THAT IS A BUSINESS ENT	Registered Contrib e.	UST BE REGI	ired when reinstating) STERED AND AC	11. MAKE CHECK PAYAR SEE REVERSE SIDE TIVE WITH THIS OFFI to change a general r	FOR FEE	
12.	GENERAL PARTNER	RINFORMATION	13.			ADDRESS CHANGES	YJNC	
DOCUMENT # . NAME STREET ADDRESS CITY-ST-ZIP	572226 M.L. PROPERTY MANAGEMENT, INC. S C/O-2800 E. COMMERCIAL BLVD., SUITE-213- FT. LAUDERDALE FL 33308			ET ADDRESS ST-ZIP				
DOCUMENT # NAME	572226 M.S.L. Property Management, Inc.			ET ADDRESS	900003830999 4 -03/12/0101115001			
STREET ADDRESS CITY-ST-ZIP	2600 E. Commercial Blvd., Suite 200 Ft. Lauderdale, FL 33308		, CITY	-ST-ZIP	****526.25 ****526.25			
NAME	· · · · · · · · · · · · · · · · · · ·		STRE	et address*		· ·		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP				
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NAME STREET ABORESS				ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZIP			·	
NAME STREET ADDRESS				ET ADDRESS			•	
CITY-ST-ZIP								
14. I hereby indicated the receive	certify that the information supplied with don this report is true and accurate and ver or trustee empowered to execute the	n this filing does not qualify for t that my signature shall have th is report as required by Chapte	he exer se same r 620, l	nption stated in e legal effect as i for Statutes	Section 119.07(3)(i) if made under oath; t	Elerida Statutes. I further hat I am a General Partne	certify that r of the lim	t the information ited partnership or