2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						APPROVEL		
DOCUMENT # A9300000842 BEACH HOLDINGS, LTD.						AND FILED 01 FEB 12 AM 11: 08		
Principal Place of Business Mailing Address					$\overline{}$	SECRETARY OF STATE FAUL AHASSEE, FLORIDA		
MIAMI HEART	DIAN AVE. #4210	MIAMI HEART 4701 N. MERIDIAN AVE. #4210 MIAMI BEACH FL 33140			1 (4.3)(4) () (
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
City & Star	te	City & State		4. FEI Number	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired See Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
KRAMER, ROBERT M C/O KRAMER & ZUCKERMAN, P.A.					ss (P.O. Box Number	(P.O. Box Number is Not Acceptable)		
4000 HOLLYWOOD BLVD., SUITE 485 SO.								
HOLLYWOOD FL 33021				City FL Zip Code			Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registere	Led office or regi	stered agent, or both,	in the State of Florida.		
OLONIATURE								
SIGNATURE	Signature, typed or printed name of registered agent a				uired when reinstating)	DAT	<u> </u>	
9. Capital Contributions as Shown on record. \$9,900.00 10. Amount of Capital in FLORIDA to dat								
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS ENT	TITY M	UST BE REG	ISTERED AND AC	TIVE WITH THIS OFF	ICE.	
12.	GENERAL PARTNER		13.	an amenun	ient must be med	ADDRESS CHANGES		
DOCUMENT #	ENT #			ET ADDRESS				
NAME STREET ADDRESS	BHANDARI, RAMDAS 4701 N. MERIDIAN AVE. #4210 MIAMI BEACH FL 33140		31112	LI ADDIILOS				
CITY-ST-ZIP			CITY-	ST-ZIP				
DOCUMENT #	IMPARI DEVOTTE COTTO		STRE	ET ADORESS				
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	7000037425373 -02/20/0101038012			
DOCUMENT #			STREE	ET ADDRESS		****158.0	5 ****158.05	
STREET ADDRESS CITY-ST-ZIP	,			ST-ZIP				
DOC MENT #			STREE	ET ADDRESS				
STREET ADDRESS				TY-ST-ZIP TREET ADDRESS				
DOCUMENT /								
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	•			
DOCUMENT #	7		STREE	T ADDRESS			1 i	
NAME Street Address City-St-Zip	1: 5			ST-ZIP	•		<u> 78</u>	
	certify that the information supplied with t	his filing does not avalify for	the eve	antion state die	Section 110.07(0)(1)	Elorido Chetras a filiato	and the that the fefore and	
muicated	on this report is true and accurate and the or trustee empowered to execute this	nat my signati ire shali have ti	ames ar	legal effect as	if made under oath; th	nonda Statutes, Frunner hat I am a General Partner	of the limited partnership or	