

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000863

1. Entity Name

CABANA CLUB APARTMENTS ASSOCIATES, LTD.

Principal Place of Business
5233 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

Mailing Address
5233 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SMITH SAKOLSKY, CAROLYN A
5233 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

*Carolyn
Sakolsky*

4. FEI Number 65-0438380 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name SAKOLSKY
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions \$100.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR 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 #	P9300058926	STREET ADDRESS	
NAME	CABANA CLUB APARTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	550 BILTMORE WAY, SUITE 720		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	500004134395--0
NAME		CITY-ST-ZIP	-05/03/01-01115-021
STREET ADDRESS			****141.25 ****141.25
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STREET ADDRESS			
CITY-ST-ZIP			

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 620, Florida Statutes.

SIGNATURE: *Patricia A. Schindler* Secretary Date 1-12-01 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER