2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000000206

1. Entity Name

THE 2424 N. ATLANTIC AVENUE FAMILY LIMITED PARTN

FILED

01 MAR -5 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2424 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118	C/O MARSHA G. MADORSKY 2000 S. BAYSHORE DRIVE, VILLA #41 MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address
100 SE Second Street	100 SE Seond Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 4000
City & State	City & State Miami, Florida
Zip / Country	Zip: 33131 / Country: USA

4. FEI Number 59-1307646 — Applied For ☐ Not Applicable ☐

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
MADORSKY, MARSHA G 2665 S. BAYSHORE DRIVE, SUITE 603 MIAMI FL 33133	Name: Marsha G. Madorsky Street Address (P.O. Box Number is Not Acceptable): Suite 4000 City: Miami FL Zip Code: 33131

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 _____ 2-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$3,000,000.00		

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 #	P93000087439	STREET ADDRESS	
NAME	MADKOR, INC.	CITY-ST-ZIP	
STREET ADDRESS	2000 S. BAYSHORE DRIVE, #41		
CITY-ST-ZIP	MIAMI FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CR2E003 (11/00)

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: Marsha G. Madorsky G. Pner 2-28-01 530-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #