

2000 UNIFORM BUSINESS REPORT (UBR)

CU0564 AF

DOCUMENT # A94000000738
 1. Entity Name
FT INVESTMENTS OF DADE COUNTY, LTD.

FILED

00 JAN 13 AM 11:45

SECRETARY OF STATE



Principal Place of Business: **7355 N.W. 41ST STREET MIAMI FL 33166**
 Mailing Address: **7355 N.W. 41ST STREET MIAMI FL 33166-6713**

2. Principal Place of Business / Suite, Apt. #, etc. / City & State / Zip / Country
 3. Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number **65-0503212**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TOLIN, HARVEY S
7355 NW 41 STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent
 Name: _____
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$10,000,000.00**
 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	
DOCUMENT #	P94000016050
NAME	FT INVESTMENTS OF DADE COUNTY, INC.
STREET ADDRESS	7355 N.W. 41ST STREET
CITY - ST - ZIP	MIAMI FL 33166
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003104009--1
CITY - ST - ZIP	-01/20/00--01031--019 ***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: SIGNATURE REQUIRED Harvey S. Tolin **1/7/00** **(305) 718-9831**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)