

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000826

1. Entity Name

LAND 1 (ONE), LTD.

Principal Place of Business
C/O JOSE VALLE
3200 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

Mailing Address
C/O JOSE VALLE
3200 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134-7239

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -6 PM 6:08



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0499179

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

VALLE, JOSE

3200 PRINCE DE LEON BLVD., 2ND FLOOR

CORAL GABLES FL 33134

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

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.

\$250,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000045966
NAME VALLE FAMILY PROPERTIES, INC.
STREET ADDRESS 3200 PONCE DE LEON BLVD., 2ND FLOOR
CITY - ST - ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/9/00

Date

305447-1196

Daytime Phone #

CR2E003 19/99