- Rida How

IRA MitzNer 8/28/00 718 961 3835

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9400001235 1. Entity Name						FILED OPETABY OF STATE	E		
CLIFFWOOD HOLDINGS, LTD.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
		00 SEP - 1 AM 10: 02							
Principal Place of Business Mailing Address					1 00	Jul .			•
355 E. ALTAMONTE DR SUITE 1010 5444 WESTHEIMER SUITE 1								0	
ALTAMONTE :	SPRINGS FL 32701	HOUSTON TX 77056				-	γ	7	
2. Principal Place of Business 3. Mailing Address						1911 9191 9911 9811 9611 9611 991			
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS	SPACE		
City & State City & State					4. FEI Number	FO 0000404		Applied For	
	NPORT, FL					59-3268194		Not Applicat	ıle
338	27 Country	Zip	Coun	try	5. Certificate of S	tatus Desired	\$8.75 Fee Re	5 Additional equired	
	6. Name and Address of Current	Registered Agent	1		7. Name and Add	Iress of New Registered			
	والمتوارين فتضيع بالمحاور سيع يعايين	السانيني يعين الماداة المجيد	بېسنى دە -	Name					
DYMOND, WILLIAM T				Street Address (P.O. Box Number and Inchipately 3 8 4 3 1 3 5					
215 N. EOLA DRIVE						-09/06/00		5==U1/ **541.25	\dashv
ORLANDO FL 32801				O'h		****541.25	1 =	Code	
	,			City		Fl	- 210	Code	_
CIGNATURE	named entity submits this statement for	, ,	Ť	_			-		
	Signature, typed or printed name of registered agent			d Agent signature require	 -	DATE	r to pr	DT OF STATE	\dashv
Capital Co as Shown		10. Amount of Capit in FLORIDA to d		butions	1	1. MAKE CHECK PAYABL SEE REVERSE SIDE FO			
	A GENERAL PARTNER NOTE: General Partners M/	THAT IS A BUSINESS EN	TITY M	UST BE REGIS : an amendmei	TERED AND ACTI	VE WITH THIS OFFIC	E.		
12.	GENERAL PARTNE		13.	,		ADDRESS CHANGES ON			コ.
DOCUMENT #	CLIFFWOOD PROPERTIES, INC.			ET ADDRESS					Š
NAME STREET ADDRESS									$-\frac{1}{2}$
HOUSTON TX 77056			CITY	-ST-ZIP					Ĺ
DOCUMENT #			STRE	ET ADDRESS				Ð	{2}
NAME STREET ADDRESS						<u> </u>		(X	34
CITY-ST-ZIP			CITY	-ST-ZIP				1525, N	١.
DOCUMENT #	_		STRE	ET ADDRESS			V	15°8;	
NAME CTREET ADDRESS			J2		· ·			180	\dashv
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT #			стро	ET ADDRESS	· · · · · ·				
NAME			5102	ET AUUNESS				_	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	•				
DOCUMENT #	\								_
NAME	•		SIRE	ET ADDRESS					_
STREET ADDRESS CITY-ST-ZIP	\-		CITY	-ST-ZIP					
DOCUMENT #	·		+					•	\dashv
NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		1	CITY	-ST-ZIP					-
14. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report is true and accurate and that my signature shall have the				motion stated in S	ection 119 07(3)(i) Fig	orida Statutes I further or	ertify that	the information	\dashv
indicated	on this report is true and accurate and	that my signature shall have	ne same	legal effect as if	made under oath; that	I am a General Partner of	f the limi	ited partnership	or