

2002 UNIFORM BUSINESS REPORT (UBR)

001140 AT

DOCUMENT # A94000001275
 1. Entity Name
TREASURE COVE OF DANIA, LTD.

FILED
02 MAY -6 AM 8:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
888 SOUTHEAST THIRD AVENUE, SUITE 501 **888 SOUTHEAST THIRD AVENUE, SUITE 501**
FORT LAUDERDALE FL 33316 **FORT LAUDERDALE FL 33316**

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

DUE BY MAY 1, 2002

4. FEI Number **65-0522860** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BERGER, SHAPIRO & DAVIS, P.A.
100 NORTHEAST THIRD AVENUE, SUITE 400
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **FORMAN, M. AUSTIN**
 Street Address (P.O. Box Number is Not Acceptable)
888 SE THIRD AVE, SK 501
 City **FT LAUDERDALE** FL Zip Code **33316**

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 DATE

9. Capital Contributions as Shown on record. **\$90.00** 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 # NAME STREET ADDRESS CITY-ST-ZIP	373822 AMERICAN MARKETING & MANAGEMENT, INC. 888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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: **4/23/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE