2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A95000000741

APPROVED AND FILED

1. Entity Name

ISLAND HOMES, LTD.

00 MAR 30 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3764 N.E. 207TH TERRACE	3764 N.E. 207TH TERRACE
AVENTURA FL 33180	AVENTURA FL 33180-3829

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country	4. FEI Number 65-0580384	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

Narr

SCHRIFFIN, MICHAEL ESQ.
SUITE 1400 - SUNTRUST INTERNATIONAL CENTRE
ONE SOUTHEAST THIRD AVE.
MIAMI FL 33131

City   **FL**

8. The above named entity submits this statement for the purpose of changing its registered office or ... 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. **$500,000.00**	10. Amount of Capital Contributions in FLORIDA to date. *$7,500.00*	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 #	P95000037384	STREET ADDRESS	
NAME	INTER-AMERICAN DEVELOPMENT CORPORATION		
STREET ADDRESS	3764 N.E. 207TH TERRACE	CITY - ST - ZIP	
CITY - ST - ZIP	AVENTURA FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME			0000003204930---6
STREET ADDRESS			04/11/00--01144--012
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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 RV._   3/1/2000   305-9368972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   /Date   Daytime Phone #