·			
2000 UNIFORM BU	ISINESS !	REPORT	(UBR)

1. Entity Nam	MENT : PAMAR, LTD.		30000810		SH. X	FILED 00 JAN 27 PM 3: 24	¥ 4
Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145 Mailing Address 2828 CORAL WAY, PENTH MIAMI FL 33145-3214				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	lace of Busine	ess	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	e	ans ***	City & State		<u></u>	4. FEI Number 65-6182381 Applied For Not Applicable	
Zip Country Zip		Zìp	Coun	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
	•	ez Enthouse suite			Street Address	(P.O. Box Number is Not Acceptable)	
					City	FL	
SIGNIATI IRE	Signature, typed or	r printed name of registered agent		IOTE. Registere	id Agent signature requi	ered agent, or both, in the State of Florida. ed when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	\$2,237,500.00	in FLORIDA to	date.		SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE:	General Partners MA	AY NOT be changed on	the form	; an amendme	nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP	P95000040292 TRG MIRAMAR, INC. PADDRESS 2828 CORAL WAY, PENTHOUSE SUITE		STR	EET ADDRESS		CR2E003 (9/99)	
DOCUMENT # NAME STREET ADDRESS					EET ADORESS		Ö
DOCUMENT#	<u> </u>			стр	EET ADORESS		
NAME STREET ADDRESS CITY-ST-ZIP					∕-ST-ZIP		
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DOCUNENT#	NT#		STR	EET ADDRESS			
STREET ADDRESS CITY - ST - ZSP					'∙ST-ZIP		
indicated the receiv	i on this report ver or trustee e	is true and accurate and	n this filing does not qualify that my signature shall ha is report as required by Ch	ve the sam apter 620,	e legal eπect as i Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or RESIDENT Date Destine Phone *	
SIGNAT	URE: _	SIGNATURE AND TYPED OF	DMINTED NAME OF SIGNING GEN	ERAL PARTNE	VICE-PI	Date Daytime Phone #	