2001	UNIF	ORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
					/

DOCUMENT # A9500001170  1. Entity Name  HALLMARK BEACH INVESTORS, LTD.						FILED		
433 PLAZA REAL. SUITE 275 433 PLA BOCA RATON FL 33432 BOCA R			Mailing Address 433 PLAZA REAL, SUITE 275 BOCA RATON FL 33432				01 APR 23 PM 12: 36  SECRETARY OF STATE	
			Mailing Address	ing Address		- 1 1001811 FB10 20(0) B2112 B0121 B0121 B0111 B0111 B0111 B101 11011 EFB12 B011 100)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State				City & State			4. FEI Number 65-0665195 Applied For Not Applicable	
Zip Country		Zip Cou		Coun	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Regis	tered Agent		Name	7. Name and Address of New Registered Agent	-
HALL, RO		JITE-275					(P.O. Box Number is Not Acceptable)	
	TON FL 33						,	
						City	FL Zip Code	
8. The above		y submits this statement for	•			ed office or registe	ered agent, or both, in the State of Florida.  . ed when reinstaling).  DATE	
9. Capital Co	ontributions	\$1,152,500.00	,	10. Amount of Capita	al Contrib		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as Shown	A	GENERAL PARTNER	THAT	IS A BUSINESS EN	TITY M	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE	GENERAL PARTNE			13.	; an amename	nt must be filed to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT / NAME STREET ADDRESS	1 100 1 0 100 110 10, 00 110 110				-ST-ZIP		R2E003 (11/00)	
DOCUMENT #	BUCA RA	TON FL 33432			STRE	ET ADDRESS		CKE
NAME STREET ADDRESS CITY-ST-ZIP						- ST-ZIP		
DOCUMENT <b>#</b>					STRE	ET ADDRESS	-05/08/0101076012	1
NAME STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	****528, 25 ****528, 25 ·	
DOCUMENT #			-		STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		
DOCUMENT #					STRE	ET ADDRESS		
STREET ADDRESS CITY \$5T-ZIP					CITY	-ST-ZIP		
DOCUMENT #					STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		
14. I hereby of indicated the receiv	certify that the on this repor er or trustee	e information supplied with this true and accurate and empowered to ekecute th	this fi that m is repo	ling does not qualify for ny signature shall have t nt as required by Chapt	the exer the same er 620, F	mption stated in S legal effect as if lorida 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	
SIGNAT	URE:	SIGNATURE AND TYPED OF	18 PRINTE	E BOGER D NAME OF SIGNING GENERA	H/F	7LL	4/20/01 561-362-5234 Date Daytime Phone #	