

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001459

1. Entity Name

BMR, LTD.

Principal Place of Business

% THE ALLEN MORRIS CO.
1000 BRICKELL AVE., #300
MIAMI FL 33131

Mailing Address

% THE ALLEN MORRIS CO.
1000 BRICKELL AVE., #300
MIAMI FL 33131

FILED
01 JAN 25 AM 11:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0617210**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, W. ALLEN
1000 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MORRIS, W. ALLEN	STREET ADDRESS	500003602555--4
NAME	1000 BRICKELL AVENUE, SUITE 1200	CITY-ST-ZIP	-01/30/01--01117--011
STREET ADDRESS	MIAMI FL 33131	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP		STREET ADDRESS	1160 JOHNSON FERRY ROAD NE
DOCUMENT #	BELL, JAMES F JR.	CITY-ST-ZIP	ATLANTA GA 30342
NAME	1100 JOHNSON FERRY ROAD N.E.	STREET ADDRESS	
STREET ADDRESS	ATLANTA GA 30342	CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	RUPP, GARY L	CITY-ST-ZIP	
NAME	870 KEYES AVENUE	STREET ADDRESS	
STREET ADDRESS	WINTER PARK FL 32789	CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/01 404 255-1100
Date Daytime Phone #

CR2E003 (11/00)