2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000044					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
TORRES PARTNERSHIP, LTD.									
Principal Place of Business Mailing Address					OO APR IO PHI	2: 50			
741 El	dorado Parkway	741 Eldora	do F	arkway					
Plantation, Fl 33317 Plantationm				33317					
2. Principal Place of Business		3. Mailing Address					WJH		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE			
City & State		City & State			4. FEI Number 65-0671936		Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	Certificate of Status Desired		75 Additional Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Reg				
N									
TORRES, LEONARD C.				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
741 Eldorado Parkway									
Plantation, Fl 33317				City		FL Z	ip Code		
8. The above of	named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or both, in the State of Florid	da.			
SÍGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registere	d Agent signature require		DATE			
Capital Con as Shown or	n record. \$948,000.0	10. Amount of Capita in FLORIDA to d	ate. 💲	948,000.	Transfer of the second	SIDE FOR FEE	PEPT OF STATE INFORMATION		
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS nt must be filed to change a gen	OFFICE. eral partner.			
12.	GENERAL PARTNER		13.		ADDRESS CHAN			_	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Torres, Leonard C. 741 Eldorado Parkway		STR	EET ADDRESS				66/6)	
			CITY	-ST-ZIP		··· <u>·</u>		CR2E003 (9/99)	
DOCUMENT #	Plantation, Fl 33317		STR	EET ADDRESS	300003551353-			*, R	
STREET ADDRESS			CITY	CITY-ST-ZIP		-04/24/0001172008 ****526.25 ****526.25			
DOCUMENT #	Torres, Rosary M.			EET ADDRESS	<u> </u>		11. 11020.20		
NAME STREET ADDRESS	741—Eldorado Parkway		_{CITY}	-ST-ZIP					
DOCUMENT #	Plantation, Fl 33317		\$TR	EET ADDRESS					
NAME STREET ADDRESS GITY-ST-ZIP				'-ST-ZIP		<u> </u>			
DOCUMENT #			STR	EET ADDRESS		·· <u>·</u>			
NAME STREET ADDRESS CITY-ST-ZIP	reet address			'-ST-ZIP		·			
DOCUMENT **			STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP					
indicated o	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	that my signature shall have.	the sam	e legal effect as it r	ection †19.07(3)(i), Florida Statutes. I fi nade under oath; that I am a General I	arther certify the Partner of the li	at the information mited partnership or		

3/21/00

954-581-7980 Daytime Phone #

onard C. Torres College Signature and Typed or Printing of Signing General Partner

SIGNATURE: Leonard C. Torres