2000 UNIFORM BUSINESS REPORT (UBR)

DOCLI	MENT 4 AOCOO]		
DOCUMENT # A9600000083 1. Entity Name				FILEU
SHILOH	SHILOH FAMILY, LTD. SDIV			FILED ECRETARY OF STATE SION OF CORPORATIONS
Principal Plac	e of Business	Mailing Address		APR 28 PH 12: 06
Principal Place of Business 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023 Mailing Address 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023-5241				- nf
Principal Place of Business				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State City & State				4. FEI Number 65-0625504 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
COHN, ALAN B			Name	
C/O ABRAMS, ANTON, ROBBINS, RESNICK			P.O. Box Number is Not Acceptable)	
2021 TYLER ST.				
HOLLYWOOD FL 33022			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 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. 10. Amount of Capital Contributions of the cont				
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.				
			13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	5775 WEST HALLANDALE BEACH BLVD.		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT# NAME	5775 WEST HALLANDALE BEACH BLVD.		STREET ADDRESS	
STREET ADORESS CITY • ST - ZIP			CITY - ST - ZIP	6000032686465
DOCUMENT#	STR		STREET ADDRESS	600032686465 -05/26/0001079020 *****526.25 *****526.25 **
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CITY-ST-ZIP	of the state of th	Abia filipa da	CITY-ST-ZIP	nation 110 07/2V() Florida Statutes I further spatia, that the information
14. I hereby certify that the information supplied with this filling 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 Day				