2001	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)

DOCUI		0000106					1 4	, ě.	2
HARRIS 8	R H LTD.						FILED		
Principal Place of Business  249 ROYAL PALM WAY, SUITE 303K PALM BEACH FL 33480  PALM BEACH FL 33480  Mailing Address PO BOX 3347 PALM BEACH FL 33480						•	EB 16 AM ETARY OF STA	ATF	
2. Principal Place of Business  //2 V/A PALMA  Suite, Apt. #, etc.  3. Mailing Address  /.o. Box 3  Suite, Apt. #, etc.			347			DO NOT WRITE IN THIS SPACE			
Paty & State	PALM BEACH, FL PALM BEACH		<del>и</del>	FL	4	. FEI Numb	er <b>65-065176</b> 0	)	Applied For Not Applicable
Zip 334	180 Country	Zip 33480	Coun	try		6. Certificate	e of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		~Name`		. Name and	d Address of New i	Registered A	lgent
HARRIS, LAMONT 249 ROYAL PALM WAY, SUITE 303K PALM BEACH FL 33480				Street Address (P.O. Box Numbers Not Acceptable)					
SIGNATURE 9. Capital Co		d title if applicable. (NOTE:	Registere Contril	d Agent signatur	e required whe	agent, or bo	11. MAKE CHE	DATE CK PAYABLE	Zip Code 33 480 TO DEPT. OF STATE
as Shown o	A GENERAL PARTNER TH	in FLORIDA to dat	ITY M	UST BE R	ZSZ:	RED AND	ACTIVE WITH TH	IIS OFFICE	R FEE INFORMATION
12.	NOTE: General Partners MAY  GENERAL PARTNER		form 13.	; an amer	idment n	nust be file	ADDRESS'CH		
	V10952 HARRIS PROPERTIES, INC.		STRE	ET ADDRESS	//2	VIA	PALMA		
			CITY	-ST-ZIP	PAL	m Be	EACH, FI	- 33	480
DOCUMENT / NAME STREET ADDRESS				ET ADDRESS  ST-Zip		31		<u>रुक</u> ्तृ	937 121020
DOCUMENT #			стро	ET ADDRESS			-uz/zi/ 		****535.00
NAME STREET ADDRESS CITY-ST-ZIP		and the second s		-ST-ZIP	· · · · <u>-</u>				
DOCUMENT # NAME STREET ADDRESS				EET ADDRESS		<u></u>			
CITY-ST-ZIP  DOCUMENT #			CITY	-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP		·-····			
DOCUMENT 🛵			STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
14. Thereby 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 trusted empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date  Date  Date  Dayline Phone #									
	SIGNATURE AND TYPED OR P	HIN FED NAME OF SIGNING GENERAL	. PARTNE	H			Date	D	Daytime Phone #