

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A96000000778
1. Entity Name	
1233 COLLINS AVENUE, LTD.	

FILED

01 AUG -7 PM 12:17

Principal Place of Business	Mailing Address
1330 OCEAN DRIVE, 4TH FLOOR MIAMI BEACH FL 33139	C/O ISLAND TRADING 4 COLUMBUS CIRCLE, 5TH FLOOR NEW YORK NY 10019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
	C/O ISLAND TRADING

Suite, Apt. #, etc.	Suite, Apt. #, etc.
	601 WEST 26TH ST 11TH F

City & State	City & State
	NEW YORK, NY

Zip	Country	Zip	Country
		10001	USA

DUE BY SEPTEMBER 26, 2001	
4. FEI Number	13-3916674
Applied For	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	

7. Name and Address of New Registered Agent	
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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. Capital Contributions as Shown on record.	\$559,760.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000035660	STREET ADDRESS	
NAME	ISLAND TRADING HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1330 OCEAN DRIVE, 4TH FLOOR		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	500004534995-3
NAME		CITY-ST-ZIP	08/15/01 01015-003
STREET ADDRESS			****926.25 ****926.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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 REQUIRED	7/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date
		Daytime Phone #

CF2E003 (5/01)