

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -3 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9600000854

1. Entity Name
396 Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400 Royal Palm Way Suite, Apt. #, etc. #214 City & State Palm Bch, Fl. Zip 33400 Country U.S.A.		3. Mailing Address 400 Royal Palm Way Suite, Apt. #, etc. #214 City & State Palm Bch, Fl. Zip 33400 Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 65-0677737	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Alexander, Larry B. Esq.	
Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Dr. #1100	
City W. Palm Bch FL	Zip Code 33401

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 _____ DATE _____
Signature by typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 1,665,000.	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		STREET ADDRESS	100005600621--5
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000038830 #214 396 Corporation 400 Royal Palm Way Palm Bch, Fl. 33400	CITY-ST-ZIP	-05/24/02--01001--004 ****526.25 ****526.25
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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:  DATE: 4/30/02 (561) 659-4973

CR2E003B (12/01)