

2002 UNIFORM BUSINESS REPORT (UBR)

0011566 AT

DOCUMENT # A96000001009
1. Entity Name DIM-WATERWAYS LIMITED PARTNERSHIP

FILED

02 JAN 15 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business ONE FINANCIAL PLAZA, STE. 2001 FT. LAUDERDALE FL 33394	Mailing Address ONE FINANCIAL PLAZA, STE. 2001 FT. LAUDERDALE FL 33394
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 65-0675204	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 DANE, JAN W ONE FINANCIAL PLAZA, STE. 2001 FT. LAUDERDALE FL 33394
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,880,000.00	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 #	P96000041531	STREET ADDRESS	
NAME	DIM-WATERWAYS, INC.	CITY-ST-ZIP	
STREET ADDRESS	ONE FINANCIAL PLAZA, STE. 2001		
CITY-ST-ZIP	FT. LAUDERDALE FL 33394		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: _____	SIGNATURE REQUIRED _____	Date 01-10-02	Daytime Phone # (904) 523-2070
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

CR2E003 (9/01)