2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001397 1. Entity Name										,
CODINA INVESTORS, LTD.						FILED				
Principal Place of Business Mailing Address							01 APR 2	7 PM 3	: 53	
•	ra plaza. Penthouse 2	TWO ALHAMBRA PLAZA. PENTHOUSE 2 CORAL GABLES FL 33134			SECRETARY OF STATE TALLAHASSIE, IN ORIDA					
2. Principal Place of Business 3. Mailing Address										
	#, etc. nbra Circle, Suite 900 fles, Florida 33134	Suite, Apt. #, etc. 355 Alhambra Circle, Suite 900 Coral @ables, Florida 33134			4. FEI Number	DO NOT WRITE IN THIS SPACE FEI Number 65-0824730 Applied For Not Applicable				
Zip Country		Zip Country		itry	5. Ce		Status Desired		8.75 Additional	1
		7. Name and Address of New Registered Agent					ent	⇉.		
				Name		-				
BEFELER, HENRY C/O CODINA GROUP TWO ALHAMBRA PLAZA, PENTHOUSE TWO				355 A	Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134					
CORAL GABLES FL 33134				City	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.									\dashv	
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. \$200.00 10. Amount of Capital Con in FLORIDA to date.							SEE REVERS	SE SIDE FOR	FEE INFORMATION	_
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendment							TIVE WITH THIS	S OFFICE.	er.	ŀ
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY										٦,
DOCUMENT # NAME	P96000013063		STRE	ET ADDRESS	355	Alhambra C	ircle, Suite 9	00		3
STREET ADDRESS CITY-ST-ZIP	CODINA GABLES GRAND, INC. TWO ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES FL 33134			-ST-ZIP	Cor	Coral Gables, Florida 33134				
DOCUMENT #			STRE	ET ADDRESS	كسكى	<u> </u>		010 (1109001	۶ ا
NAME STREET ADDRESS CITY-ST-ZIP		•	CITY	Fig.) -ST-ZIP	ALTER VILLE	(1) - Agosti ann deise Steeder Hard († 1) defena 1	Section ***	41.25	****141.25	in Section
DOCUMENT # NAME			- STRE	ET ADDRESS		-		-		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						_
DOCUMENT # NAME CTREET ADDRESS			STRE	ET ADDRESS		-				_
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		1 103 115			-	
DOCUMENT # NAME			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						
DOCUMENT # :			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				-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										