

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001666			
1. Entity Name BISCAYNE JOINT VENTURE LTD.			
Principal Place of Business 200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI FL 33131		Mailing Address 200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI FL 33131-2303	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SALUSSOLIA, PIERO 200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI FL 33131		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			
9. Capital Contributions as Shown on record. \$552,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000072831 D.S. BISCAYNE, INC. 200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI FL 33131	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: <u>Stefania Bologna</u> SIGNATURE REQUIRED <u>STEFANIA BOLOGNA</u> 04/20/00 (305)373-7016 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # Assistant Secretary			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 PM 1:33



DO NOT WRITE IN THIS SPACE

CR21E023 (Rev. 01)