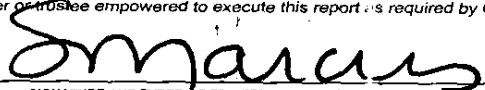


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001846			
1. Entity Name BOCA GLADES LIMITED PARTNERSHIP			
Principal Place of Business 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133		Mailing Address 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0703034		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Stewart Marcus 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133		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 \$3,000,000		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	P96000080406 Boca Glades, Inc. 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	STREET ADDRESS CITY-ST-ZIP	
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11. 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		PRESIDENT 4/30/01 (305) 860-8188 Date Daytime Phone #	