

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001846
 1. Entity Name
BOCA GLADES LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
 3225 Aviation Avenue, 3225 Aviation Avenue,
 Suite 700 Suite 700
 Coconut Grove, FL 33133 Coconut Grove, FL 33133

FILED

01 MAY -1 PM 12:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
 65-0703034 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000080406 Boca Glades, Inc. 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133
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13. ADDRESS CHANGES ONLY	
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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 Stewart Marcus PRESIDENT 4/30/01 (305) 860-8188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #