

2002 UNIFORM BUSINESS REPORT (UBR)

0011557 AT

DOCUMENT # A96000001894

1. Entity Name
DIM-EMBASSY LIMITED PARTNERSHIP

FILED

02 JAN 15 AM 10:08

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**

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

DUE BY MAY 1, 2002

4. FEI Number **65-0689372** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANE, JAN W
ONE FINANCIAL PLAZA, STE. 2001
FT LAUDERDALE FL 33394**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	P96000075735 DIM-EMBASSY, INC. ONE FINANCIAL PLAZA, STE. 2001 FT LAUDERDALE FL 33394	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-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

SIGNATURE:

SIGNATURE REQUIRED

01-10-02

(854) 523-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)