

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001901

Entity Name

PELICAN HARBOUR APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 1:33

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|---|--|
| Place of Business DRIVE, SUITE L-9 BEACH FL 33141 | Mailing Address 900 BAY DRIVE, SUITE L-9 MIAMI BEACH FL 33141-5633 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|---|--|
| 1. Place of Business 1950 NE Bayshore Ct | | 3. Mailing Address Suite, Apt. #, etc. | |
| 2. State iami FL | | City & State | |
| 4. FEI Number 65-0703451 | 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 FIN, THEODORE J N.E. 2ND AVENUE, SUITE 301 NORTH MIAMI BEACH FL 33162 | 7. Name and Address of New Registered Agent Name: Judith Berson Street Address (P.O. Box Number is Not Acceptable) 900 Bay Dr L9 City: Miami Beach FL Zip Code: 33141 | | |

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Judith Berson Judith Berson 5/24/00

| | | |
|---|--|--|
| Capital Contributions Shown on record \$100.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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.

| GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|-----------------------------|---|--------------------------|--|
| ST-ZIP | P96000084101 PELICAN HARBOUR MANAGMENT, INC. 900 BAY DRIVE, SUITE L-9 MIAMI BEACH FL 33141 | STREET ADDRESS | |
| | | CITY - ST - ZIP | |
| ST-ZIP | | STREET ADDRESS | 8000003306258--1 -06/27/00--01050--001 ****141.50 ****141.50 |
| | | CITY - ST - ZIP | |
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| | | CITY - ST - ZIP | |
| ST-ZIP | | STREET ADDRESS | |
| | | CITY - ST - ZIP | |

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 contained 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

305 757 5122