

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001946

1. Entity Name
35 NW 54TH ST, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602

Mailing Address
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3655



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0704450 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | | | |
|----------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| 35 NW 54TH ST, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$760,000.00 | 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 | L96000001101 35 NW 54TH ST, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602 | STREET ADDRESS | |
| | | CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | 800003221938--4 -04/25/00-01007--008 *****526.25 *****526.25 |
| | | CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | |
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| | | 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: *James Q Fisher* **SIGNATURE REQUIRED** James Q Fisher 1/10/00 205 556 6627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #