

# 2000 UNIFORM BUSINESS REPORT (UBR)

000611 NY

**DOCUMENT # A96000002088**  
 1. Entity Name  
**LIME STREET LTD.**

**FILED**  
 00 JAN 27 PM 3:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O THE ALLEN MORRIS COMPANY, 1000 BRICKELL AVE. #300, MIAMI FL 33131**  
 Mailing Address: **C/O THE ALLEN MORRIS COMPANY, 1000 BRICKELL AVE. #300, MIAMI FL 33131-3004**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number: **65-0715318**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WOOD, HARLESTON R**  
**1000 BRICKELL AVENUE, SUITE 300**  
**MIAMI FL 33131**

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

9. Capital Contributions as Shown on record: **\$1,000.00**  
 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	
DOCUMENT #	<b>P16775</b>
NAME	<b>HAMMOND VENTURE, INC.</b>
STREET ADDRESS	<b>1000 BRICKELL AVENUE, SUITE 1200</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>200003118982--0</b> <b>-02/01/00--01102--014</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
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STREET ADDRESS	
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: *Bill G. Davis* **Bill G. Davis**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: **1-21-2000** Daytime Phone #: **(505) 358-1000**

CR2E003 (9/99)