FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

A96000002365 02 MAR 18 PM 3: 28 DOCUMENT # 1. Entity Name SECRETARY OF STATE TALLAHASSEE. FLORIDA COLLINS & 194TH ASSOCIATES, LTD. Principal Place of Business Mailing Address 2828 CORAL WAY, PH SUITE 2828 CORAL WAY, PH SUITE MJH: MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0717154 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, PH SUITE **MIAMI FL 33145** 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$100.00 as Shown on record. in FLORIDA to date 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 P96000102035 CR2E003 (9/01) DOCUMENT # STREET ADDRESS TRG BEACH ONE, INC. NAME 2828 CORAL WAY, PH SUITE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33145 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 14. I hereby certify that the information supplied with this filling 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:

CHECK HERE

STAPLE

ANGEL HERNANDEZ VICE - PRESIDENT

3/13/02