## 2001 UNIFORM BUSINESS REPORT (UBR)

S. Cartillicate of Status Desired   St	DOCUMENT # A9600002522  1. Entity Name							
Solic ORAL WAY, SUITE 200  MAMI FL 23145  Suite Ary #, etc.  Suite Ary #, etc.  City & State  City &	P.L.R. FAMILY LIMITED PARTNERSHIP, LTD.					FILED		
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City & State  City & State  City & State  City & State  Country  C	2. Principal Place of Business 3. Mailing Address							
Signature   Security	Suite, Apt. #, etc. Suite, Apt. #,			etc.		DO NOT WRITE IN THIS SPACE		
RESTREPO, DARIO 3510 CORAL WAY, SUITE 200  MAMI FL 33145  City FL Zip Code  City FL	City & State	9	City & State		. 2001		Applied For Not Applicable	
RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MAMI R. 33145  City FL Zip Code  6. 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  Symmus, spear or prinor name of majorized agent entities a episticals. (NOTE Registered Agent Egistered agent, or both, in the State of Florida.  SIGNATURE  Symmus, spear or prinor name of majorized agent entities a episticals. (NOTE Registered Agent Egistered	Zip Country		Zip Country		try	5. Certificate of Status Desired		
RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MIAMI FL 33145  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on report  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  8. The above named entry submits this statement for the purpose of changing its registered agent depth agent agen	6. Name and Address of Current Registered Agent							
3510 CORAL WAY, SUITE 200 MIAMI FL 33145  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions \$1,104,000.00  10. Amount of Capital Contributions as Shown on record NOTE: General Partners HAY 1S 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  16. FESTEPO, PEDRO LUIS S100 CORAL WAY, SUITE 200 MAMI. FL 33145.  SIRECT ADDRESS CITY-51-2P  DOCUMENT / NAME S100 CORAL WAY, SUITE 200 MAMI. FL 33145.  SIRECT ADDRESS CITY-51-2P  DOCUMENT / NAME STREET ADDRESS CITY-51-2P  DOCUMENT / STREET ADDRESS CITY-51-2P  DOCUMENT / NAME STREET ADDRESS CITY-51-2P  DOCUMENT / NAME STREET ADDRESS CITY-51-2P  DOCUMENT / STREET ADDRESS CITY-51-2P  DOCUMENT / NAME STREET ADDRESS CITY-51	,				Name			
##### STREET ADDRESS OCH-ST-ZP OCCUMENT   MAME   STREET ADDRESS   STREET A	·				Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on record agent agent and the 1 septicals as Shown on record agent and the statellated as Shown on record agent and the statellated as S								
SIGNATURE  9. Capital Contributions as Shown on record  11. IMAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  12. AGENERAL 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS OUTY-5T-2IP  DOCUMENT / NAME	MIMMI FC 33143				City	ity FL Zip Code		
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9. Capital Contributions as Shown on record \$1,1,104,000.00 10. Amount of Capital Contributions in FLORIDA to date.  ***TOTE:** General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS  3310 CORAL WAY, SUITE 200 MIAMI FL 33145  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME CITY-ST	SIGNATURE							
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								

Pedro Luis Restrepo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART

SIGNATURE:

April 17,2001 (305) 445-9555

Date

Daytime Phone #