## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9700000099  1. Entity Name				FILEO			
MIZNER LAKE ESTATES, LIMITED PARTNERSHIP				SECRETARY OF STATE DIVISION OF CORPORATIONS			
		,			00 FEB 28 AM 10: 1	5	
Principal Place of Business  Mailing Address  * EDWARD D. POPKIN. ESQUIRE  * EDWARD D. POPKIN. ESCUIRE  2499 GLADES ROAD. SUITE 114  BOCA RATON FL 33431-7360  **BOCA RATON FL 33431-720			114				
2. Principal P	3. Mailing Address	th Street					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Ste. 108				DO NOT WRITE IN THIS SPACE			
BUCA PATON, FL Sity & State Paton				4. FEI Number 65-0716554	Applied For Not Applicable		
zio <del>23</del> 34;	37 Country USA	33 H.87	Country	-		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				/. Name and Address of New Registered Agent			
POPKIN. I	EDWARD D ESQUIRE	1 j	-	Name			
2499 GLADES ROAD, SUITE 114 BOCA RATON FL 33431-7360			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City	ity FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	register	ed agent, or both, in the State of Florida.		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STAR 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 ON	Y	
DOCUMENT # NAME STREET ADDRESS	P96000097976 MIZNER LAKE ESTATES, INC. 2499 GLADES ROAD, SUITE 114 BOCA RATON FL 33431		STREET ADORESS	551 N.W. 77th Street, Ste. 108			
CITY+ST-ZIP			CITY+ST+ZIP	BOCA RATION, FL 33487			
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS		300003164		
CITY-ST-ZIP		CITY-ST-ZIP		-03/10/0001019008 ****526.25 ****526,25			
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date