2001	1 UNIF	ORM BUSIN	ESS REPO	ORT	(UBR)				
DÖCÜMENT # A9700000214 1. Entity Name									
D.P.E. BEACHWAY LIMITED				FILE		ED			
,	ce of Business ANDALE BEACH (FL 33009		Mailing Address 1250 E. HALLANDALE BE HALLANDALE FL 33009	ng Address 01 MAR 12 E. HALLANDALE BEACH BLVD., STE. 904 ARY (ANDALE FL 33009 SECRE 1 ARY (TALLAHASSE)			F STATE FLORIDA		
2. Principal F	Place of Business	3	. Mailing Address	uiling Address			1 - 1 1061015 INTO TOTAL DURIN DURIN BURIN BURIN BURIN BURIN BURIN BURIN BURIN START HOUR THE HEALTH START HOUR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number 6	5-0732049	Applied For Not Applicable	
Zip	Ţ (Country	Zip Country			5. Certificate of St	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Add	7. Name and Address of New Registered Agent		
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133					Street Address (P.O. Box Number is Not Acceptable) City				
SIGNATURE .	Signature, typed or pr	ubmits this statement for the inted name of registered agent and tile	e if applicable. (NOT	E: Registered	ed office or regist	red when reinstating)	DATE 1. MAKE CHECK PAYAB	LE TO DEPT. OF STATE	
as Shown	A GE	NERAL PARTNER THA		ITITY M			VE WITH THIS OFFI		
NOTE: General Partners MAY NOT be changed on the form; an amendment 12. GENERAL PARTNER INFORMATION 13.						· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ONLY		
DOCUMENT #	P970000384 BEACHWAY F 1250 E. HALL HALLANDALE	3 Realty Corp. Andale Beach Blvd.		STRE	ET ADDRESS ST-ZIP				
DOCUMENT #				STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	SO.	000385	44965	

12. DOC NAM STRE CITY DOCI NAM STRE CITY -03/15/01--01078--013 ****535.00 ****535.00 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

14. Thereby 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:

3-7-0

9-4-4-6725

SIGNATURE: