2000	UNIFORM BUS	INESS R	EPORT	(UBR)	
DOCUMENT # A9700001259 . **					
ADR INVESTMENTS, LTD.				SECRETARY OF STATE	
Principal Place of Business  10650 HAVERFORD ROAD. SUITE 4  JACKSONVILLE FL 32218  Mailing Address  10650 HAVERFORD ROAD.  JACKSONVILLE FL 32218-5				4	SECRETARY OF STATE DIVISION OF CORPORATIONS  OO JUN 2   PM 1: 29
2. Principal Place of Business 3. Mailing			ailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	е	City & State	City & State		4. FEI Number 59-3472317- Applied For Not Applicable
Zip	Country Zip		Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			<del></del>	Name N	7. Name and Address of New Registered Agent
JACKSON  8. The above	MEADOWS ROAD, SUITE 230 IVILLE FL 32256  named entity submittathis statement f	or the purpose of cha	nging its registere	City	ss (P.O. Box Number is Not Acceptable)  SD—4 HUNG FOR Roud  FL 3 2 2 )8  FL Zin Code 3 2 2 (§  stered agent, or both, in the State of Florida.
					uired when reinstating)  11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown on record. in FLORIDA to dat  A GENERAL PARTNER THAT IS A BUSINESS ENT			RIDA to date.	UST BE REG	SEE REVERSE SIDE FOR FEE INFORMATION
12. GENERAL PARTNER INFORMATION				, an antonan	ADDRESS CHANGES ONLY
DOCUMENT# NAME STREET ADDRESS	AMERICAN DREAM REALTY OF JAX, INC. 10650 HAVERFORD ROAD, SUITE 4 JACKSONVILLE FL 32218		STRE	EET ADDRESS	
CITY-ST-ZIP			СПҮ	- ST- ZIP	
DOCUMENT #			STRE	ET ADDRESS	5000033138954 
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP	****444.00 ****444.00
NAME		-	STRE	ET ADDRESS	
STREET ADDRESS CITY - ST - ZIP	ST-ZIP		CITY	-ST-ZIP	
DOCUMENT# NAME	:		STRE	ET ADORESS	
STREET ADDRESS CITY - ST - ZIP		CITY	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		СПУ	-ST-ZIP		
DOCUMENT# NAME	,		STRE	ET ADDRESS	
STREET ADORESS			СПУ	-ST-ZIP	1

4. 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 the required by Chapter 620, Florida Statutes

**SIGNATURE:**