

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001414

1. Entity Name

ATLANTIC CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 6:43

Principal Place of Business
1801 S. FEDERAL HIGHWAY, SUITE 202
DELRAY BEACH FL 33483

Mailing Address
1801 S. FEDERAL HIGHWAY, SUITE 202
DELRAY BEACH FL 33483-3333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0762623		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MULLER, CHARLES E II 9350 S. DIXIE HIGHWAY, SUITE 1550 MIAMI FL 33156				Name Richard Werber			
				Street Address (P.O. Box Number is Not Acceptable)			
				6111 Broken Sound Parkway, NW			
				City Boca Raton FL Zip Code 33467			

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 DATE 1/25/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$2,079,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	P97000054924	STREET ADDRESS	500003209815--9
NAME	ATLANTIC CENTER, INC.	CITY - ST - ZIP	-04/14/00--01077--013
STREET ADDRESS	851 BROKEN SOUND PARKWAY, N.W.		****526.25 ****526.25
CITY - ST - ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

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: DATE 1/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2:01:01 (9/99)