

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001454

1. Entity Name

DURACH DEVELOPMENT LTD.

Principal Place of Business

125 WORTH AVENUE, SUITE 220
PALM BEACH FL 33480

Mailing Address

125 WORTH AVENUE, SUITE 220
PALM BEACH FL 33480-4466

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0772899

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

FILED

00 JAN 10 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANKS, STANLEY
125 WORTH AVENUE, SUITE 220
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P97000057727
NAME DURACH DEVELOPMENT INC.
STREET ADDRESS 125 WORTH AVENUE, SUITE 220
CITY - ST - ZIP PALM BEACH FL 33480

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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-01/18/00--01008--011
****535.00 ****535.00

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:

~~SIGNATURE REQUIRED~~

H. DURACH

Date

1/7/00

Daytime Phone #

(561) 835-8000