2001 UNIFORM BUSINESS REPORT (UBR)

	DOCUMENT # A9700001692						
MARINA BAY CLUB LIMITED PARTNERSHIP						FILED	
Principal Plac	o of Business		Mailing Address			OI APR 27, PM 3: 53	
Principal Place of Business 1986 N.E 149TH STREET			Mailing Address 1986 N.E 149TH STREET			CEODETADY OF CTATE	
NORTH MIAMI FL 33181			NORTH MIAMI FL 33181			SECRETARY OF STATE TALLAHASSTE, FLORIDA	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number 65-0772565 Applied For Not Applicable	
Zip	Zip Country		. Zip	Country		5. Certificate of Status Desired	
	6. Name	and Address of Current	Registered Agent		l n	7. Name and Address of New Registered Agent	
BARTHE, FREDERIC M ESQ.					Name		
888 S.E. 3RD AVENUE, STE. 400					Street Address	s (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33316					;		
					City	FL Zip Code	
8. The above	named entity	submits this statement for	r the purpose of changing	its register	ed office or registe	tered agent, or both, in the State of Florida.	
SIGNATURE .	=						
9. Capital Co		or printed name of registered agent a	and title if applicable. (N		d Agent signature require	red when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	\$10,000-00	in FLORIDA to	date.	10,000	SEE REVERSE SIDE FOR FEE INFORMATION	
	A C NOTE:	BENERAL PARTNER T General Partners MA	HAT IS A BUSINESS E Y NOT be changed on	ENTITY M the form	IUST BE REGIS ı; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.		GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P97000066 Marina B/	900 Ay Club, Inc.		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	1986 N.E.	149THE STREET AMI FL 33181		CITY	-ST-ZIP	$\langle \mathcal{D} \rangle$	
DOCUMENT #	NORTH MIL	AMI FL 33101		STRE	EET ADDRESS	10,10 dim	
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STREET ADDRESS City-St-Zip				CITY	- ST-ZIP		
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DOCUMENT # NAME				STRE	EET ADDRESS		
STREET ADDRESS City-St-Zip				L	-ST-ZIP		
indicated	on this report	is true and accurate and	this filing does not qualify that my signature shall hav report as required by Cha	ve the same	e legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership o	
SIGNATURE: SONATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNÉR Date Date Date Date Date Date Date Date							