2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002344 1. Entity Name C/L JV HOLDINGS LIMITED PARTNERSHIP					FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business 700 N.W. 107TH AVENUE MIAMI FL 33172 Mailing Address 700 N.W. 107TH AVENUE MIAMI FL 33172-3161						
Principal Place of Business 3. Mailing Address						
Suite, Apt.	# etc	Suite. Apt. #. etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,			A FFI Number	
City & State		City & State			65-0806392 Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New Registered Agent	
MCCAIN, DAVID B ESQ. 700 N.W. 107TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
						MIAMI FL 33172
8. The above named entity submits this statement for the purpose of changing its re						
8. The above	named entity submits this statement	for the purpose of changi	ng its registere	ed office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	. Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	I Agent signature requ	ired when reinstating) DATE	
9. Capital Contributions as Shown on record. \$363,078.00 In FLORIDA to date in FLORIDA t				outions _	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
20 01104111	A GENERAL PARTNER	THAT IS A BUSINESS	S ENTITY MI	UST BE REGI	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY	
DOCUMENT# NAME	F97000005676 LL PARTNERS, INC.			ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	700 N.W. 107TH AVENUE MIAMI FL 33172		спу-	ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS	2000031428129 -02/22/0001047022	
STREET ADDRESS CITY-ST-ZIP			CITY-	·ST-ZIP	****437.50 ****437.50 20000314221	
DOCUMENT #			STRE	ET ADDRESS	- P2/22/0001047023	
STREET ADDRESS CITY - ST - ZIP			спу-	-ST-ZIP	30.13	
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADORESS CITY - ST - ZIP			CITY	ST-ZIP		
DOCUMENT# NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	\$			-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	•		STRE	ET ADDRESS		
CITY-ST-ZIP	115. 41. 44 46. 1-6	lish ship filipp days are see	E	ST-ZP	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicatéd	ertify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	nd that my signature shall i	have the same	legal effect as i Forida Statutes	if made under oath; that I am a General Partner of the limited partnership or	

VICE PRESIDENT

Daytime Phone #