## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

DOCUMENT # A9700002826  1. Entity Name									4334 A
	/TRADEWIND NO. 5, LTD.			FILED				¥n	
Principal Place TWO ALHAME PENTHOUSE : CORAL GABLE	2	Mailing Address TWO ALHAMBRA PLAZA. PENTHOUSE 2 CORAL GABLES FL 33134			OLAPR 27 PM 3: 53  SECRETARY OF STATE TOLLAHASSEE, FLORIDA				
2. Principal f	Place of Business	3. Mailing Address			-				
	5 Alhambra Plaza, Suite 900	Suite, Apt. #, etc. 355 Alhambra Plaza, Suite 900			DO NOT WRITE IN THIS SPACE				
City & Coral Gables, Florida 33134		City & S@pral Gables, Florida 3		da 33134	4. FEI Number	65-0856674		Applied For Not Applicable	}
Zip Country		Zip Coun		try	5. Certificate of Status Desired Fee Requi			8.75 Additional e Required	
· <u> </u>	6. Name and Address of Current		Name	7. Name and Address of New Registered Agent					
BETELER, HENRY TWO ALHAMBRA PLAZA PENTHOUSE 2 CORAL GABLES FL 33134					eet Address (P.O. Box Number is Not Acceptable) 355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134 y				
8. The above	a named entity submits this statement for	enistere		ed agent, or both	in the State of Flori	FL		4	
SIGNATURE  9. Capital Co	367 200 (100)	10. Amount of Capital	Contrib	d Agent signature required butions	when reinstating)			O DEPT. OF STATE	
as Snown	A GENERAL PARTNER T	in FLORIDA to date	ITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS	OFFICE.	FEE INFORMATION	<u> </u> 
12.	NOTE: General Partners MA GENERAL PARTNER		13.	an amenamen	t must be filed	ADDRESS CHAN		er.	E003 (11/00)
DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP	P97000107180 CODINA WEST DADE DEVELOPMENT CORP. NO. 5 TWO ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES FL 33134				355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		<b>30004</b> 	<del>l 936</del> /0101	3 <b>:804</b> : 104020: ****141-25:	CR2
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		•		ET ADDRESS ST-ZIP	निर्माण विकासी वा चार्मिक्स क्षेत्र ( ) अस्त्रक्रम	- Specialistic participation (1997)			
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP					
DOCLMENT #			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP					
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and the ver or trustee empowered to execute this	this filing does not qualify for the that my signature shall have the report as required by Chapter	ne exer e same 620, F	nption stated in Sec legal effect as if m lorida Statutes	ction 119.07(3)(i), ade under oath; tl	Florida Statutes. I fi hat I am a General F	arther certify Partner of the	that the information e limited partnership or	