2000	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

**DOCUMENT #** 

A97000002828

1. Entity Name

YBORPAR, LTD.

Principal Place of Business

Mailing Address

3250 MARY STREET. SUITE #404

**MIAMI FL 33133** 

3250 MARY STREET. SUITE #404

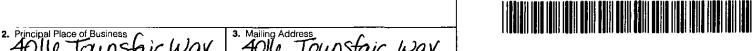
**MIAMI FL 33133** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE





4. FEI Number

65-0806337

7. Name and Address of New Registered Agent

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DOCKERTY, SUZANNE A % J. PATRICK FITZGERALD, P.A. 110 MERRICK WAY, SUITE #3-B CORAL GABLES FL 33134

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

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)

9. Capital Contributions as Shown on record.

\$2,500.00

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	13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L95000000162 BAGHEERA INTEREST, L.C. 3250 MARY STREET, SUITE #404 MIAMI FL 33133	STREET ADDRESS	5000033803656 -09/01/0001069006 ****150.00 ****150.00
DOCUMENT #  NAME  STREET ADDRESS    CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS - CITY-ST-ZIP	
DOCUMENT # ANAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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

Daytime Phone #