

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000052**

1. Entity Name
RONRUSS PARTNERS, LTD.

FILED
SECRETARY OF STATE,
DIVISION OF CORPORATIONS

00 JUN 12 PM 1:33

Principal Place of Business
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5012

Mailing Address
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0814861		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GALBUT, ABRAHAM 999 WASHINGTON AVENUE MIAMI BEACH FL 33139-5012				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$1,500,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000107290 RONRUSS CORPORATION 999 WASHINGTON AVENUE MIAMI BEACH FL 33139-5012	STREET ADDRESS CITY - ST - ZIP	210 Crescent Heights 555 NE 15th Street Miami, FL 33132 2nd Floor
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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]* **Signature and Typed or Printed Name of Signing General Partner** **4/28/00** **305-372-1155**
 Date Daytime Phone #