2002	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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DOCU	<del>_</del> -	00000245					
THIRD	AND NINTH, LTD.		, 5	FILED			
Principal Place of Business Mailing Address			<del></del>	02 APR 19 PM 3: 33			
900 S.E. 3RD AVE., STE, 200 900 S.E. 3RD AVE., STE, 200 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316				į	SECRETARY OF STATE		
			SECRETARY OF STATE TALLAHASSEE, FLORIDA		TE DA		
2 Principal	Place of Puninger						
Principal Place of Business     3. Mailing Address		1			1 (Marek) 1919 (Blas 193) (BON) 98(1) 98(1) 98(1)	#0141 #0210 16041 0100) 0161 1701	
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.		4		DUE BY MAY 1, 2002		
City & Sta	ite	City & State		r. R	4. FEI Number 65-0878453 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>	<u> </u>	7. Name and Address of New Registered	Fee Required Agent	
HERMAN	I, PETER G			Name			
900 S.E.	900 S.E. 3RD AVE., STE. 200			Street Address (P.O. Box Number is Not Acceptable)			
FORT LA	AUDERDALE FL 33316						
				City	FL	Zip Code	
8. The above	e named entity submits this statement fo	r the purpose of changing its	s register	ed office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if englishin		· .			
9. Capital Co	ontributions <b>Q5 Q14 650 00</b>	10. Amount of Capi	ital Contril	butions	11. MAKE CHECK PAYABLE		
- 43 3/104/1	A GENERAL PARTNER 1	HAT IS A BUSINESS E	NTITY M	UST BE REGIS	SEE REVERSE SIDE FO	=	
12.	NOTE: General Partners MA	Y NOT be changed on t	the form	; an amendme	ent must be filed to change a general par	tner.	
DOCUMENT # NAME	L98000000091 THIRD AND NINTH GENERAL PARTNER, L.C. 888 S.E. 3RD AVENUE, SUITE 201		STRE	ET ADDRESS			
STREET ADDRESS			CITY	-ST-ZIP 5			
CITY-ST-ZIP  DOCUMENT #	FORT LAUDERDALE FL 33316	<del></del>	_				
NAME STREET ADDRESS			STRE	ET ADDRESS	AL	7	
CITY-ST-ZIP			CITY-	-ST-ZIP		,	
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CITY-ST-ZIP			CITY-	ST-ZIP			
DOCUMENT # NAME			STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP				ST-ZIP			
14. I hereby condition indicated of the received	ertify that the information supplied with on this report is true and accurate and t er or trustee empowered to execute this	this filing does not qualify for hat my signature shall have report as required by Chapt	the exeme the same ter 620, F	nption stated in Se legal effect as if r lorida Statutes	ection 119.07(3)(i), Florida Statutes. I further certi nade under oath; that I am a General Partner of t	fy that the information he limited partnership or	
SIGNAT		PRINTED NAME OF SIGNING GENERA	A ANT	BERS O	FGBN GRAL GUINGR 4/1	5/02 ome Phone #	