2001	LINIFORM	BUSINESS	REPORT	/IIRD
200 I	OMILAUM	DO3IME33	REPURI	lubr

DOCUMENT # A9800000497 1. Entity Name								
RUNNING BROOK ASSOCIATES, LTD.					FILED			
Principal Place of Business C/O AFFORDABLE LANDMARKS, INC. 1130 WASHINGTON AVENUE. 4TH FLOOR MIAMI BEACH FL 33139		Mailing Address C/O AFFORDABLE LANDMARKS, INC. 1130 WASHINGTON AVENUE. 4TH FLOOR MIAMI BEACH FL 33139			O1 APR 16 PM 12: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address			—			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 65-0968230 Applied For Not Applicable			
Zip	Country	Zip	Count	ry — <u>——</u> —	5. Certificate of Status Desired \$8.75 Additional Fee Required			
<u> </u>	6. Name and Address of Current	Hegistered Agent		7. Name and Address of New Registered Agent Name				
GREEN, PATRICA K C/O STEARNS, WEAVER, ET AL			}	Street Address (P.O. Box Number is Not Acceptable)				
150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130			City	FL 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) DATE								
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. \$2,145,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION								
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	TITY MU e form:	JST BE REGIS an amendme	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.			
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	P98000013791 LANDMARK IX, INC.		STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139	SHINGTON AVE., 4TH FLOOR FACH FL 33139		ST-ZIP	5000040813953 -04/26/0101067026			
DOCUMENT # NAME STREET ADDRESS			STREE	T ADDRESS	****535.00 *****535.00			
CITY-ST-ZIP DOCUMENT #			CITY-S	ST-ZIP				
NAME STREET ADDRESS.			STREE	T ADDRESS				
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NAME STREET ADGRESS CITY-ST-ZI			STREE	T ADDRESS .				
DOCUMENT #			STREE	TADORESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT # NAME			STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			' CITY-S	ST-ZIP				
14. I hereby certify that the information supplied with this filling 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								

Francisco Rojo, Vice President, Landmark IX, Inc.

1/30/01

Daytime Phone #

(305)538-9552