

2000 UNIFORM BUSINESS REPORT (UBR)

00150822
NY

DOCUMENT # A98000000542

1. Entity Name
MIAMI RIVER PARK ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 2: 03

Principal Place of Business
313 CONGRESS STREET
BOSTON MA 02210

Mailing Address
313 CONGRESS STREET
BOSTON MA 02210-1218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/o The Gatehouse Group
Suite, Apt. #, etc.
313 Congress St
City & State
BOSTON MA
Zip
02210
Country
USA

3. Mailing Address
C/o The Gatehouse Group
Suite, Apt. #, etc.
313 Congress St.
City & State
BOSTON MA
Zip
02210
Country
USA

4. FEI Number 65-0816593
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCDONOUGH, BRIAN J
C/O STEARNS, WEAVER, ET AL
150 WEST FLAGLER STREET, SUITE 2200
MIAMI FL 33130

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
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. \$99.00

10. Amount of Capital Contributions in FLORIDA to date. Same as #9

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	
DOCUMENT #	M98000001396
NAME	GHG MIAMI RIVER, LLC
STREET ADDRESS	313 CONGRESS STREET
CITY - ST - ZIP	BOSTON MA 02210
DOCUMENT #	N48031
NAME	BAME DEVELOPEMNT CORPORATION OF SO. FLA IN
STREET ADDRESS	245 NW 8TH STREET
CITY - ST - ZIP	MIAMI FL 33136
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	500003127635--0
CITY - ST - ZIP	-02708700--01090--019 ****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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 REQUIRED *Manager* 1/7/00 6173489300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0005-010103