200	<b>2 UNIFORM BUS</b>	<b>INESS REPO</b>	RT	(UBR)	APP	RUYEL		
DOCUMENT # A9800000670  1. Entity Name					AND			§
TRG BRICKELL BAY, LTD.					02 APR -3 PM 1:19			
Principal Place of Business  2828 CORAL WAY, PENTHOUSE SUITE  MIAMI FL 33145  Mailing Address  2828 CORAL WAY, PENTHO  MIAMI FL 33145			HOUSE (	SUITE	1 ) BRIBLE   BLB   B) 81 + 82	RY OF STATE SSEE, FLORIU		1
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002			7	
City & Stat	te	City & State	ity & State		4. FEi Number 65-08	<b>8957</b> 1 .	Applied For Not Applicab	Je
Zip Country		Zip	Country		5. Certificate of Status De		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of	New Registered A	gent	7
ROCHA, ROBERTO S				Street Address (P.O. Box Number is N		ceptable)		_
2828 CORAL WAY, PENTHOUSE SUITE  MIAMI FL 33145			<del></del>					
mirani i E 50140				City Zip Code				
8. The above	named entity submits this statement fo	r the purpose of changing its i	registere	d office or register	ed agent, or both, in the Sta		<u> </u>	-
SIGNATURE .								
	Signature, typed or printed name of registered agent					DATE		_
9. Capital Contributions as Shown on record.  10. Amount of Capital Co in FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
	NOTE: General Partners MA	NAT IS A BUSINESS EN NY NOT be changed on th	e form	UST BE REGIST ; an amendmen	ERED AND ACTIVE WI t must be filed to chan	TH THIS OFFICE ge a general part	ner.	
12.					ADDRE	SS CHANGES ONLY	<u> </u>	∃≘
NAME STREET ADDRESS	TRG BRICKELL BAY, INC.			T ADDRESS			ZE003 (9/01)	
CITY-ST-ZIP DOCUMENT #				-\$T-ZiP		052356 71070201		CRZEO
NAME STREET ADDRESS	es es			ET ADDRESS		**150.00		┩~
CITY-ST-ZIP  DOCUMENT #			CITY-	ITY-ST-ZIP			_	
NAME STREET ADDRESS	ADDRESS T-ZIP ENT #		STRE	REET ADDRESS			_	
CITY-ST-ZIP DOCUMENT €			City-	ST-ZIP				
NAME			STREE	ET ADDRESS				_] _
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				
DOCUMENT # NAME (	3 ♦ Address		STREE	ET ADDRESS				
STREE ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		······································		
DOCUMENT # NAME			STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				7
14. Thereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have the	the exen	nption stated in Sec	ction 119.07(3)(i), Florida Sta	atutes. I further certif	y that the information	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

ANGEL HERNANDEZ