2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

DOCUMENT # A98000000879

1. Entity Name

RESOURCE 2000, LTD.

Principal Place of Business	Mailing Address
% FRED LUHMM	% FRED LUHMM
1000 BRICKELL AVENUE. SUITE 930	1000 BRICKELL AVENUE. SUITE 930
MIAMI FL 33131	MIAMI FL 33131-3047

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8410 NW 53 Terrace	8410 NW 53 Terrace
Suite, Apt. #, etc. Suite 211	Suite, Apt. #, etc. Suite 211
City & State Miami FL	City & State Miami FL
Zip 33166 Country Dade	Zip 33166 Country Dade

4. FEI Number 65-0645102 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIELDSTONE, RONALD R 200 S. BISCAYNE BLVD., SUITE 2100 MIAMI FL 33131	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$50,000.00		

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 #	P95000093525	STREET ADDRESS	8410 NW 53 Terrace
NAME	RESOURCE 2000, INC.	CITY-ST-ZIP	Miami FL 33166
STREET ADDRESS	1000 BRICKELL AVE., SUITE 910		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700003287447--4
NAME		CITY-ST-ZIP	-05/13/00--01078--008
STREET ADDRESS			****447.50 ****447.50
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Fred F Luhmm Chairman 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date