2000 UNIFORM BUSINESS REPORT (UBR) A98000001018 DOCUMENT # 1. Entity Name FILED COVE ROAD INVESTMENTS, LTD. 00 JAN 24 PH L: 18 Principal Place of Business Mailing Address SECRETARY OF STATE -5651-N.W: 29TH STREET 5651 N.W. 20TH STREET TALLAHASSEE, FLORIDA MARGATE FL 33063 MARGATE FL 90009-1591 3. Mailing Address 2. Principal Place of Business 6300 NE 1STAVANUE 6300 NE IST AUXNUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. JAO FLOURT JRD FLOOR City & State Applied For 4. FEI Number 65-0829522 T. KAUDERDALE, FLORIDA Not Applicable Zip -323.3.3.4 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEEKS, WESLEY Street Address (P.O. Box Number is Not Acceptable) 5651 N.W. 29TH STREET MARGATE FL 33063 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$995.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P98000037007 DOCUMENT# STREET ADDRESS 6300 NE IST AVENUE - 3ROFLOR COVE ROAD INVESTMENTS, INC. NAME 5651 N.W. 29TH STREET STREET ADDRESS CITY-ST-ZIP T. LANDERDALE. FLORIDA 37334 MARGATE FL 33063 CITY-ST-7P **DOCUMENT #** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 100003115021--1 CITY-ST-ZIP -01728/00--01093--007 -DOCUMENT # STREET ADDRESS ****141.25 ****141.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ... STREET ADDRESS CITY-ST-ZIP DOCHNANT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP 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 954-976.7900 SIGNATURE: