2002 UNIFO	RM BUSINES	S REPORT	(UBR)

DOCUMENT # A9800001078 1. Entity Name						
NORTH FEDERAL HIGHWAY ASSOCIATES, LTD.			FILED			
Principal Place of Business Mailing Address				02 APR 16 AM 9: 23		
	RY TRAIL. SUITE 200	2500 MILITARY TRAIL. SL	JITE 200	200		
BOCA RATO	N FL 33431	BOCA RATON FL 33431			SECRETARY OF STATE TALL AHASSEE ELORIDA	
Principal Place of Business 3. Mailing Address				- 110114111411411411411411411414114141414		
		101 Pineapple Grove Way		e Way		
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
	City & State City & State Plray Beach, FL Delray Beach, FL		FL		4. FEI Number 65-0831895 Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional	
33444	6. Name and Address of Current	33444 Registered Agent			7. Name and Address of New Registered Agent	
				Name Fri	icke, Henry A. Esq.	
	HENRY A ESQ.			Street Address (P.O. Box Number is Not Acceptable) 101 Pineapple Grove Way		
	ITARY TRAIL, SUITE 200			101	Pineappie Grove way	
BOCA RATON FL 33431				City Delray Beach FL Zip Code 33444		
8. The above	named entity submits this statement for	the purpose of changing its	registere	L	red agent, or both, in the State of Florida.	
SIGNATURE Henry A. Fricke, Esq. 3/1/02						
9. Capital Co	Signature, typed or printed name of registered agent a	10. Amount of Capita	al Contrib	outions & 1 OO	O OO 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	In FLORIDA to da	aie.		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 / P98000039663		13.		ADDRESS CHANGES ONLY		
NAME	NAME 8000 MANAGEMENT, INC. 2500 MILITARY TRAIL, SUITE 200		STRE	ET ADDRESS 10)l Pineapple Grove Way	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP De	elray Beach, FL 33444	
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS	700005361947==7	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP .	7000053619477 -04/29/02-01020-007 ****141.25 ****141.25	
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS C!TY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENTA.		<u>:</u>	STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			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 8000 MANAGEMENT, INC., a Florida corporation						

Henry A. Fricke 3/1/02 561-330-7000