CITY-ST-ZIP  CORAL GABLES FL 33134  CITY-ST-ZIP  TABLET ADDRESS  CITY-ST-ZIP  CITY-	-2001 UNIFORM BUSINESS REPORT (UBR)											
Principal Place of Business (C) CARP & GENALER, P.A. 2 A JAMMARR PLAZS SUITE 122 CORAL GABLES FL 28194  2. Principal Place of Business  Suite, Apt. #, etc.  City & State	DOCUMENT # A9800001180								And the control of the control	e		
2. Principal Place of Business  Sulto, Apt. 4, etc.  Sulto, Apt. 4, etc.  Sulto, Apt. 4, etc.  Sulto, Apt. 4, etc.  City & State  City & State	MOUNTAIN CREEK ENTERPRISES, LTD.								FILE	D.	P	
Suite, Apt. #, etc.  City & State  City & St	C/O KARP & GENAUER. P.A. 2 ALHAMBRA PLAZA. SUITE 1202			C/O KARP & GENAUER. P.A. 2 ALHAMBRA PLAZA. SUITE 1202				11881811	SECRETARY	PW 12: OF STAT E. FLORI	D4 DA	
City & State  City & State  City & State  Country  Countr	Principal Place of Business     3. Mailing Address											
Zip Country Zip Country S. Certificate of Status Desired See Required  6. Name and Address of Current Registered Agent	Suite, Apt	. #, etc.	S	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet 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  9. Capital Contributions  8. Signature, hoped or presed name of registered agent and the if applicable.  NOTE: Registed Agent agroups require when ministring)  DET  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  SEE REVERSE Size FOR FEE INFORMATION  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DECIMENT / SHAPE  DIRECT ADDRESS  CITY-SI-ZP  DOCUMENT / MAKE  SIREET ADDRESS  CITY-SI-ZP  DOCUMENT / MAKE  SIREET ADDRESS  CITY-SI-ZP  DOCUMENT / MAKE  SIREET ADDRESS  CITY-SI-ZP  SIREET ADDRESS	City & State			City & State				4. FEI Numbe	er <b>65-0838673</b>		F	+ ' '
MOREIRA, DOMINGO R 7231 S.W. 63 AVENUE, SUITE 200 MIAMI FL 33143  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  9. Capital Contributions as S50,000.00  10. Amount of Capital Contributions as S50,000.00  A GENERAL PARTINER 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 PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME SIRRET ADDRESS  CITY-ST-ZP  DOCUMENT / STREET ADDRESS  CITY-ST-ZP  DOCUMENT / STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME SIRRET ADDRESS  CITY-ST-ZP  SIRRET ADDRESS  SIRRE	Zip	Zip Country		Country		itry	į					
7231 S.W. 63 AVENUE, SUITE 200 MIAMI FL 33143  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 Profida.  SIGNATURE  9. Capital Contributions	6. Name and Address of Current Registered Agent						· <u>-</u>	7. Name and	Address of New R	legistered #	lgent	- <del>-</del> -
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  9. Capital Contributions as Shown on record.  9. 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT   PRO00029955   DMGP, INC.  STREET ADDRESS   DMGP, INC.  CITY-ST-2P   CORAL GABLES FL 33134  STREET ADDRESS   CITY-ST-2P   CITY-ST-2P    CITY-ST-2P   CITY-ST-2P   CITY-ST-2P    CITY-ST-2P   CITY-ST-2P    CITY-ST-2P   STREET ADDRESS    CITY-ST-2P   STREET	7231 S.W. 63 AVENUE, SUITE 200					Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Apart signature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Apart signature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Apart signature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Apart signature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Apart signature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Apart signature required when reinstating)   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Apart signature required when reinstating)   Signature, typed or printed representations   Signature required when reinstating)   Signature, typed or printed representations   Signature required when reinstating)   Signature, typed or printed representations   Signature required when reinstating)   Signature required control of the signature required when reinstating)   Signature, typed or printed representations   Signature required when reinstating)   Signature, typed or printed representations   Signature required when reinstating)   Signature, typed or printed representations   Signature required when reinstating)   Signature required control of the signature required when reinstating)   Signature, typed or printed representations   Signature required control of the signature required when reinstating)   Signature, typed or printed represents   Signature required control of the	MIAMI FL	33143				City				FL	Zip	Code
9. Capital Contributions as 350,000.00  10. Amount of Capital Contributions in Function when reinstating)  350,000.00  10. Amount of Capital Contributions in Function in Func	8. The above	e named entity submits this sta	atement for the pu	ed office o	r registere	ed agent, or bot	h, in the State of Ffo	orida.	!			
9. Capital Contributions as \$350,000.00  10. Amount of Capital Contributions in FLORIDA to date. 350,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  PARABORIZATION OF THE INFORMATION  14. THE PAYABLE TO DEPT. OF STATE SER REVERSE SIDE FOR FEE INFORMATION  15. THE PAYABLE TO DEPT. OF STATE SER REVERSE SIDE FOR FEE INFORMATION  16. A MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  17. STATE ADDRESS CHANGES ONLY  18. ADDRESS CHANGES ONLY  19. STREET ADDRESS CHANGES ONLY  20. COLUMENT / NAME  20. COLUMENT / NAME  20. COLUMENT / NAME  20. STREET ADDRESS CHANGES CHANGES ONLY  20. COLUMENT / NAME  20.	SIGNATURE											
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	DOCUMENT # NAME STREET ADDRESS				STRE	T ADORESS						

lied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and hat my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or cove this report as required by Chapter 620, Florida Statutes

### A Florida corporation, G.P. 14. I hereby certify that the information supplied indicated on this report is true and accurate receiver or trustee empowered to be a

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

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CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

> AND THE PROPERTY OF THE PROPER 3) [

4/01/01

Date

305-663-4380

Daytime Phone #