

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001197			
1. Entity Name MENAKER INVESTMENTS I, LTD.			
Principal Place of Business 1502 E. BUENA VISTA DRIVE, #B1 LAKE BUENA VISTA FL 32830		Mailing Address P.O. BOX 22189 LAKE BUENA VISTA FL 32830-2189	
2. Principal Place of Business		3. Mailing Address 2815 DIRECTORS ROW	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #500	
City & State ORLANDO FL		4. FEI Number 59-3512909	
Zip 32809	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENAKER, MITCHELL G 1502 E. BUENA VISTA DRIVE, #B1 LAKE BUENA VISTA FL 32830		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. \$320,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000043091 MENAKER INVESTMENTS I, INC. 1502 E. BUENA VISTA DRIVE, #B1 LAKE BUENA VISTA FL 32830	STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> </div>
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DO NOT WRITE IN THIS SPACE

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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: *[Signature]* **DATE:** *4/25/02* **DAYTIME PHONE #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER