

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001276
 Entity Name
GABLES ON THE GREEN LIMITED GROUP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 13 AM 9:24

Principal Place of Business
 C/O MR. OSCAR ROGER
 626 CORAL WAY, SUITE 16
 CORAL GABLES FL 33134

Mailing Address
 C/O MR. OSCAR ROGER
 626 CORAL WAY, SUITE 16
 CORAL GABLES FL 33134-7508



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0843157** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTIN, PEDRO A ESQ.
 C/O GREENBERG, TRAURIG, ET AL
 1221 BRICKELL AVENUE
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

Capital Contributions as Shown on record. **\$3,300,000.00**

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.

GENERAL PARTNER INFORMATION		ADDRESS CHANGES ONLY	
DOCUMENT # P96000079760	GABLES ON THE GREEN HOLDINGS, INC. 626 CORAL WAY, SUITE 16 CORAL GABLES FL 33134	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	<i>mf 3/21/00</i>
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	400003178704--3 -03/21/00--01113--025
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DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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

SIGNATURE: **SIGNATURE REQUIRED** Date **3/3/00** Daytime Phone # **(305) 448-4091**

CR2E003 (9/99)