

2001 UNIFORM BUSINESS REPORT (UBR)

0004288 AF

DOCUMENT # A98000001276
 1. Entity Name
GABLES ON THE GREEN LIMITED GROUP

FILED

01 APR -2 AM 11:40

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 550 Biltmore Way
 Suite, Apt. #, etc. Suite 1210
 City & State Coral Gables
 Zip 33134 Country US

3. Mailing Address 550 Biltmore Way
 Suite, Apt. #, etc. Suite 1210
 City & State Coral Gables, Fl
 Zip 33134 Country US

DO NOT WRITE IN THIS SPACE

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, TRAUIG, 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000079760
NAME	GABLES ON THE GREEN HOLDINGS, INC.
STREET ADDRESS	626 CORAL WAY, SUITE 16
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
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13. ADDRESS CHANGES ONLY	
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **3/29/01** Daytime Phone #: **305/448-4091**

CR2E003 (11/00)