2001	UNIF	ORM	<b>BUSINESS</b>	REPORT	(UBR
					<b>( — — — — )</b>

DOCUMENT # A9800001549  1. Entity Name							3518 AF			
STEVEN FEDER LIMITED PARTNERSHIP					الم المساحد الم		FILED	"		
Principal Place of Business  14 ISLA BAHIA DRIVE FORT LAUDERDALE FL 33314		Mailing Address  14 ISLA BAHIA DRIVE FORT LAUDERDALE FL 33314		٩F	FEB 26 PM 12: 05  ECRETARY OF STATE  LLAHAS FEE TO THE TOTAL THE TO	<b>ili</b> t.				
2. Principal Place of Business 3. M			3. Mailing Address	Mailing Address				i <b>ti</b> i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-35 16980 Applied F Not Applied					
Zip	Country Zip		Cour	* I & Cortitionto at Statue Degized I I *****		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent		Name		7. Name and Address of New Registered Agent			
FEDER-HO	=				Street Address (P.O. Box Number is Not Acceptable)					
14 ISLA BAHIA DRIVE FORT LAUDERDALE FL 33314				1						
					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	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTI	E: Register	ed Agent signature re	auired	ed when reinstating)  DATE	-		
9. Capital Co	ontributions	\$1,252,000.00	10. Amount of Capit in FLORIDA to d			-				
ين دي	A (	ENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REC	GIST	STERED AND ACTIVE WITH THIS OFFICE. Int must be filed to change a general partner.			
12.		GENERAL PARTNER		13.			ADDRESS CHANGES ONLY			
DOCUMENT # NAME	P98000050550 FEDER HOLDINGS, INC.			STR	EET ADDRESS			(11/00		
STREET ADDRESS CITY-ST-ZIP	14 ISLA BA	ahia drive Derdale FL 33314		CITY	r-St-ZIP			R2E003 (11/00)		
DOCUMENT #				STR	EET ADDRESS		· · · · · · · · · · · · · · · · · · ·	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
STREET ADDRESS CITY-ST-ZIP				CITA	/-ST-ZIP		<b>4000以底加了-01004021</b>	-8		
DOCUMENT #				STR	EET ADDRESS		****526.25 ****526.	డప		
STREET ADDRESS CITY-ST-ZIP		to proceedings the sail of	manager on a long for	cin	r-ST-ZIP					
DOCUMENT # NAME				STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP					
DOCUMENT #				STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	·*.			СІТУ	r-ST-ZiP					
DOCUMENT #				STR	EET ADDRESS		- 1			
STREET ADDRESS				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  TEDER HOLDINGS. SERERL PARTNER.										
SIGNATURE: DY: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date										