2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001563 1. Entity Name MARMEL ASSOCIATES, LTD.				Ell CO		
				FILED		
					00 FEB -3 PM 2: 25	
Principal Place of Business 2615 SOUTH UNIVERSITY DRIVE DAVIE FL 33328		Mailing Address P.O. BOX 15728 PLANTATION FL 33318-5728			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-2467249 Applied For Not Applicab	le
Zip	Country	Žip	Cour	try	5. Certificate of Status Desired	
	6. Name and Address of Currer	t Registered Agent		N	7. Name and Address of New Registered Agent	7
				Name		\Box
MARMEL ASSOCIATES, INC. 2615 SOUTH UNIVERSITY DRIVE DAVIE FL 33328				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
2 The above	named entity submits this statement	for the nurnose of changi	na its register	ed office or regis	stered agent, or both, in the State of Florida.	\dashv
e. The above	Harried entity submits this statement	ior the perpose of chang.	ing the regions.		,	İ
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating) DATE	
9. Capital Contributions as Shown on record. \$1,070,000.00 In FLORIDA to date.				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as Showin	A GENERAL PARTNER	THAT IS A BUSINES	S ENTITY M	UST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE.	\exists
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION			on the form	; an amenum	ADDRESS CHANGES ONLY	\dashv
DOCUMENT#	DOLIMENT# P9800057097			EET ADDRESS		
NAME STREET ADDRESS	DAVIE FL 33328		СПУ	ST - ZIP		\dashv
CITY-ST-ZIP DOCUMENT#			EET ADDRESS		-	
NAME STREET ADDRESS				-ST-ZIP		\dashv
CITY-ST-ZIP		**************************************				\dashv
NAME			STR	EET ADORESS	7000031250775 -02/07/0001009010	\dashv
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	Lentify that the information supplied won this report is true and accurate are error trustee empowered to execute	ith this filing does not qua nd that my signature shall this report as required by	alify for the exe have the sam Chapter 620,	emption stated in e legal effect as Elorida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership	or

954 474-2800

Daytime Phone #

1/28/09

Mark FASTEINIK President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER