

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001604

1. Entity Name

LAHAINA LTD.

Principal Place of Business

2880 W. OAKLAND PARK BLVD., #118
FT. LAUDERDALE FL 33311

Mailing Address

2880 W. OAKLAND PARK BLVD., #118
FT. LAUDERDALE FL 33311-1362

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0848847

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMOCKER, SUSANNA
2880 W. OAKLAND PARK BLVD., #118
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name c/o I&S Management Inc.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$7,500.00

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 # S96985
NAME DIXIE INVESTMENT MANAGEMENT, INC.
STREET ADDRESS 2880 W. OAKLAND PARK BLVD., #118
CITY - ST - ZIP FT. LAUDERDALE FL 33311

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 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

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

500 MAY -1 AM 10:33



DO NOT WRITE IN THIS SPACE

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-06/12/00--01027--010
****153.50 ****153.50

4/12/00