

2002 UNIFORM BUSINESS REPORT (UBR)

0001877 AV

DOCUMENT # A98000001997
1. Entity Name
 PLAZA LINDA I, LTD.

FILED
 02 APR 23 AM 10: 23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 5446 NORTH BAY ROAD
 MIAMI BEACH FL 33140

Mailing Address
 P.O. BOX 402097
 MIAMI BEACH FL 33140-2097

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

4. FEI Number 65-0859761 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

GLOTTMAN, SAUL
 5446 NORTH BAY ROAD
 MIAMI BEACH FL 33140

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.

9. Capital Contributions as Shown on record. **\$1,905.00**

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 # | NAME | STREET ADDRESS | CITY-ST-ZIP |
|--------------|--|---------------------|----------------------|
| P98000074456 | Jack's Shopping Center + Plaza Linda I Corporation | 5446 NORTH BAY ROAD | MIAMI BEACH FL 33140 |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
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| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |

N/C amend filed 7/5/01

13. ADDRESS CHANGES ONLY

| STREET ADDRESS | CITY-ST-ZIP |
|----------------|----------------------|
| PO Box 402097 | MIAMI BEACH FL 33140 |
| STREET ADDRESS | CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP |
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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]* **President** **4/16/02** **(305) 868-5131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (9/01)