

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY -1 AM 10:33

DOCUMENT # A98000002426
 1. Entity Name
 101 NORTH CLEMATIS INVESTORS, LTD.

Principal Place of Business Mailing Address
 222 LAKEVIEW AVENUE, 17TH FLOOR 222 LAKEVIEW AVENUE, 17TH FLOOR
 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0890266** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REGSERV CORP.
222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401

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 **Regserv Corp.** is changing its registered office or registered agent, or both, in the State of Florida.
 By: **Mark Nussbaum, Vice President**
 SIGNATURE: DATE: **4/27/00**
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000.00** 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 #	A98000002425
NAME	101 NORTH CLEMATIS EQUITY INVESTORS, LTD.
STREET ADDRESS	222 LAKEVIEW AVENUE, 17TH FLOOR
CITY - ST - ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	6000003284316-5
STREET ADDRESS	-06/12/00--01020--010
CITY - ST - ZIP	****141.25 ****141.25
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 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
Patrick J. DiSalvo **4/27/00 (561) 655-9008**
Vice President Date Daytime Phone #

F.C. 100 (1/99)