

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002530

1. Entity Name

CODINA/TRADEWIND NO. 7, LTD.

FILED
01 APR 27 PM 3:53

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **TWO ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES FL 33134**
Mailing Address: **TWO ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES FL 33134**

2. Principal Place of Business: **355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134**
3. Mailing Address: **355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134**

4. FEI Number: **65-0883719**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**BEFELER, HENRY
TWO ALHAMBRA PLAZA, PENTHOUSE 2
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): **355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134**
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: _____ (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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000095249	STREET ADDRESS	355 Alhambra Circle, Suite 900
NAME	CODINA WEST DADE DEVELOPMENT CORP. NO. 7	CITY-ST-ZIP	Coral Gables, Florida 33134
STREET ADDRESS	TWO ALHAMBRA PLAZA, PENTHOUSE 2	STREET ADDRESS	500004193905-4
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	-05/10/01-01109-002
DOCUMENT #			****141.25 ****141.25
NAME		STREET ADDRESS	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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

Codina West Dade Development Corp. No. 7

SIGNATURE: **HENRY BEFELER** *4/20/01* **305 520 2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)