

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000002787**

1. Entity Name  
**28 PARTNERS, LTD.**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1111 LINCOLN ROAD, #800  
MIAMI BEACH FL 33139

Mailing Address  
1111 LINCOLN ROAD, #800  
MIAMI BEACH FL 33139-2451

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>65-0882775</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HOWARD, EUGENE J<br/>1111 LINCOLN ROAD, #800<br/>MIAMI BEACH FL 33139</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. <b>\$9,900.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>9,900.00</b> | 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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P98000073730<br/>FLAGLER 28, INC.<br/>1111 LINCOLN ROAD, #800<br/>MIAMI BEACH FL 33139</b> | STREET ADDRESS<br>CITY - ST - ZIP | <b>600003278736--2<br/>-05/05/00 01094-002<br/>***158.75 ***158.75</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>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** **EUGENE J. HOWARD**, President of **FLAGLER 28, Inc.**, General Partner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #