2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000513 1. Entity Name					FILED
THE GREENBERG GROUP OF SOUTH FLORIDA, LTD.				SEC DIVIST	RETARY OF STATE IN OF CORPORATIONS
Principal Place of Business 3360 S. OCEAN BOULEVARD. APT. 3B SOUTH PALM BEACH FL 33480 APT. 3B SOUTH PALM BEACH FL 33480 PALM BEACH FL 33480-5668					PR 28 AM 3: 05
Principal Place of Business			·		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
City & State City & State					4. FEI Number Applied For
					65-0908351 Not Applicable
Zip	Country	Zip	Countr	У 	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
GREENBERG, MADELYN 3360 S. OCEAN BOULEVARD, APT. 3B SOUTH				Street Address (P.O. Box Number is Not Acceptable)
			_	dilect redices (1.5. Ear Name of the Cooperator)	
PALM BEACH FL 33480					
				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. \$1,500,000.00 10. Amount of Capital Contributions in FLORIDA to date.				utions	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.					
			13.		ADDRESS CHANGES ONLY
DOCUMENT# NAME	3360 S. OCEAN BOULEVARD, APT. 3B SOUTH		STREE	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	8000088935500000000000000000000000000000
DOCUMENT# NAME	STI		STREE	TADORESS	DEPT OF STATE 4500453
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	
DOCUMENT #	STR			TADDRESS	0000022595599
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	900032695589 -05/30/0001004020 *****526,25 *****526.25
DOCUMENT # NAME			STREE	T ADDRESS	*****320.23
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	
DOCUMENT# NAME			STREE	T ADORESS	
STREET ADDRESS CITY-ST-ZIP	СПУ			ST-ZIP	
DOCUMENT# NAME	STR		STREE	TADORESS	
STREET ADDRESS CITY - ST - ZIP			CFTY-S	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					