

2001 UNIFORM BUSINESS REPORT (UBR)

0002882 AF

DOCUMENT # A99000000677
1. Entity Name
 KREMER FAMILY LIMITED PARTNERSHIP

FILED
 01 MAR 21 AM 11:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 3800 SOUTH OCEAN DRIVE
 HOLLYWOOD FL 33019

Mailing Address
 3800 SOUTH OCEAN DRIVE
 HOLLYWOOD FL 33019

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE
 65-0918294

4. FEI Number APPLIED FOR

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

6. Name and Address of Current Registered Agent
 KREMER, MICHAEL
 3800 SOUTH OCEAN DRIVE
 HOLLYWOOD FL 33019

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$650,000.00
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.

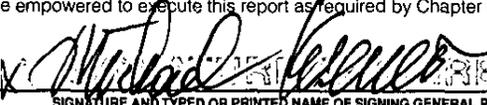
12. GENERAL PARTNER INFORMATION

DOCUMENT #	KREMER, MICHAEL
NAME	3800 SOUTH OCEAN DRIVE
STREET ADDRESS	HOLLYWOOD FL 33019
CITY-ST-ZIP	
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NAME	3800 SOUTH OCEAN DRIVE
STREET ADDRESS	HOLLYWOOD FL 33019
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	000003907080--0
CITY-ST-ZIP	-03/23/01--01018--012
STREET ADDRESS	***526.25 ***526.25
CITY-ST-ZIP	
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:  **DATE:** 3/20/01 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)