

# 2001 UNIFORM BUSINESS REPORT (UBR)

003702 AF

**DOCUMENT # A99000000721**

1. Entity Name  
**BISCAYNE 7/9 DEVELOPMENT ASSOCIATES LIMITED**

Principal Place of Business  
**SUN TRUST INTERNATIONAL CENTER  
ONE S.E. 3RD AVENUE, SUITE 2300  
MIAMI FL 33131**

Mailing Address  
**SUN TRUST INTERNATIONAL CENTER  
ONE S.E. 3RD AVENUE, SUITE 2300  
MIAMI FL 33131**

**FILED**  
**01 FEB 22 AM 10:05**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*zf*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>601 BISCAYNE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>601 BISCAYNE BLVD</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0927184</b>	APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>33132</b>	Country <b>USA</b>	Zip <b>33132</b>	Country <b>USA</b>				

6. Name and Address of Current Registered Agent <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P99000040524</b>	NAME <b>BISCAYNE 7/9 DEVELOPMENT ASSOCIATES, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>ONE S.E. 3RD AVE., SUITE 2300</b>	CITY-ST-ZIP <b>MIAMI FL 33131</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>200003783962--6</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>-02/27/01--01145--002</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>****150.00 ****150.00</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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* **Samuel S. Schuman** **1/19/01** **786-777-4009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)