

2001 UNIFORM BUSINESS REPORT (UBR)

0020469 SP

DOCUMENT # A99000000753
 1. Entity Name
FLAMINGO CENTER LIMITED

FILED
 01 MAY 14 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1101 BRICKELL AVE.
 MIAMI FL 33131

Mailing Address
 P.O. BOX 279
 KEY BISCAIYNE FL 33149

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

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

DO NOT WRITE IN THIS SPACE
 65-0862894
 APPLIED FOR

4. FEI Number	Applied For
	Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
GOLDMEIER, BARRY S
C/O ADVANCED METRORAIL JOINT DEVELOPMENT
1000 MARINER DRIVE
KEY BISCAIYNE FL 33149

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. **\$101.00**

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 #	P99000016962	STREET ADDRESS	400004418964--1
NAME	ADVANCED METRORAIL JOINT DEVELOPMENT CORP	CITY-ST-ZIP	-06/14/01--01009--015
STREET ADDRESS	1000 MARINER DRIVE		****141.25 ****141.25
CITY-ST-ZIP	KEY BISCAIYNE FL 33149		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: 5/14/01 Daytime Phone #: 305 350 8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)