

2000 UNIFORM BUSINESS REPORT (UBR)

UBR 01/00

DOCUMENT # A99000000785
1. Entity Name
 SORKIN GROUP, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 4721 UNIVERSITY DRIVE
 CORAL GABLES FL 33146

Mailing Address
 4721 UNIVERSITY DRIVE
 CORAL GABLES FL 33146-1150

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

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

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 CORAL GABLES FL 33146-1150

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4. FEI Number
 65-0925474

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 SORKIN, LAWRENCE
 C/O R & S MANAGEMENT
 7460 S.W. 48TH STREET
 MIAMI FL 33155

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$4,691,123.00

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 #	P99000044263	STREET ADDRESS	
NAME	NIKROS, INC.	CITY - ST - ZIP	
STREET ADDRESS	4721 UNIVERSITY DRIVE		
CITY - ST - ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	800003245898--8
NAME		CITY - ST - ZIP	-05/09/00--01133--011
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
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NAME		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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

4/12/00 **Date** 704-532-0750 **Daytime Phone #**

CR2E003 (9/99)