

192

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A990-000-00919
1. Entity Name
1445 Washington, L.P.

FILED

02 SEP 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1445 Washington Avenue
Suite, Apt. #, etc.

3. Mailing Address
1445 Washington Avenue
Suite, Apt. #, etc.

DUE BY MAY 1

City & State
Miami Beach FL
Zip 33139 Country

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Miami Beach FL
Zip 33139 Country

4. FEI Number
65-0927677
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

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

9. Capital Contributions as Shown on record. 2,300,000

10. Amount of Capital Contributions in FLORIDA to date. 2,300,000

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 # P99000050840
NAME 1445 Washington, Inc.
STREET ADDRESS 1445 Washington Avenue
CITY-ST-ZIP Miami Beach, FL 33139

STREET ADDRESS
CITY-ST-ZIP
300008055203--4
-09/26/02--01050--012
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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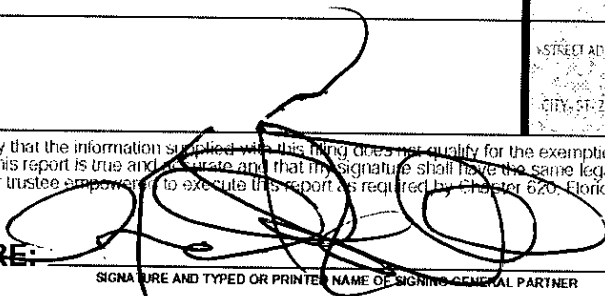
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

9/17/02
Date Daytime Phone #

CR2E003B (12/01)

2 of 2

1445 Washington, L.P.
1445 Washington Avenue
Miami Beach, FL 33139

FILED
02 SEP 23 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 5, 2002

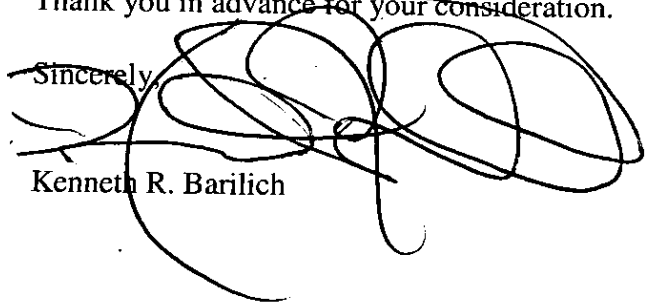
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We are writing to submit our Limited Partnership Uniform Business Report and request that the \$400 penalty for failure to file a timely report be waived for 1445 Washington, L.P. The preprinted form was never received. Enclosed, please find a copy of our Uniform Business Report for filing.

Thank you in advance for your consideration.

Sincerely,



Kenneth R. Barilich