

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000000920**1. Entity Name
BEACH PLACE 2000, LTD.

Principal Place of Business	Mailing Address
1600 SOUTH OCEAN DRIVE	1600 SOUTH OCEAN DRIVE
POMPANO BEACH FL 33062	POMPANO BEACH FL 33062

2. Principal Place of Business	3. Mailing Address
ONE SOUTH OCEAN BLVD	1 S. OCEAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 204	STE 204

City & State	City & State
BOCA RATON FL	BOCA RATON FL
Zip	Zip
33432	33432

4. FEI Number	Applied For
65-0925026	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EISINGER DENNIS JESQ.
4000 HOLLYWOOD BLVD., SUITE 265-S

HOLLYWOOD FL
33021 US**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 **04/24/2001**
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. 10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,000,000.00	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 #	NAME	STREET ADDRESS	1 S. OCEAN BLVD SUITE 204
NAME	BEACH PLACE 2000, INC.	CITY-ST-ZIP	BOCA RATON FL 33432
STREET ADDRESS	1600 SOUTH OCEAN DRIVE		
CITY-ST-ZIP	POMPANO BEACH FL 33062		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
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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: JF Roy Pres 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)