

2001 UNIFORM BUSINESS REPORT (UBR)

zf

DOCUMENT # *499000001116*

1. Entity Name *1900/2000 BOCA PARTNERS, LTD*

FILED

01 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business _____ **Mailing Address** _____

2. Principal Place of Business <i>777 Brickell Ave</i>		3. Mailing Address <i>777 Brickell Ave</i>	
Suite, Apt. #, etc. <i>Suite 1200</i>		Suite, Apt. #, etc. <i>Suite 1200</i>	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
Zip <i>33131</i>	Country <i>USA</i>	Zip <i>33131</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0939121</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

IRA M. Levenson
777 Brickell Ave
Suite 1200
Miami FL 33131

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. <i>1,000.00%</i>	10. Amount of Capital Contributions in FLORIDA to date. <i>1,000.00%</i>	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

DOCUMENT #	<i>199000004160</i>
NAME	<i>1900/2000 BOCA LLC</i>
STREET ADDRESS	<i>777 Brickell Ave, Suite 1200</i>
CITY-ST-ZIP	<i>Miami, FL 33131</i>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>600004137836--9</i>
CITY-ST-ZIP	<i>-05/07/01--01018--002</i>
STREET ADDRESS	<i>****141.25 ****141.25</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: _____ *IRA M. Levenson*
Member 1900/2000 BOCA LLC
4/17/01 *301-373-9802*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)